THE MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES.—No. XLI.—MAY, 1848.

ORIGINAL COMMUNICATIONS.

Œdema of the lower extremities in Phthisis. Extract of a letter from F. W. Lewis, M. D., to Professor Mütter, dated Paris, December 14th, 1847.

There are many points relative to the anatomy of the human body, which, physiologically considered, present but little to attract attention, yet which from the important part they bear in certain pathological conditions of the economy, become not only highly interesting, but even exercise considerable influence in practical medicine.

The subjoined *cases*,—which all but one were observed and recorded by me, are eminently illustrative of this fact, and serve to demonstrate the importance of more extended researches into the pathology of dropsy than have hitherto been attempted.

That disposition to serous infiltrations, which is so frequently observed during the march of chronic diseases of the great viscera and blood vessels, especially where great mechanical obstruction of the circulation exists, has, not unfrequently, been remarked in these same affections, where no *appreciable* lesion sufficient to account for the dropsical complication was present; and in these cases, to cover an imperfect diagnosis, the perplexed pathologist

is apt to invoke a convenient serous diathesis in his patient, or the dropsy is referred to morbid conditions of the circulating fluid. This is especially true in those circumscribed infiltrations of the lower extremities, which occur towards the termination of pulmonary affections, and of various adynamic fevers, where great emaciation has supervened. In many of these cases, it has not escaped attention that the effusion is sometimes confined to a *single limb*, and that where this occurs, that the *left lower extremity* is almost always the seat of the infiltration; a very curious fact, which pathologists have heretofore been contented to pass over in silence, without attempting to assign for it a satisfactory cause, (unless, perhaps, we except Cruveilhier, who in his "Anatomy" hazards an explanation, which the experience of another has recently proved to be nearly the true one.) To M. Piedagnel (Médecin des Hôpitaux) is unquestionably due the merit of having first clearly demonstrated, that the above lesion depends on a mechanical obstruction of the iliac vein, of either side, (usually of the left) by its corresponding artery, or by both, in a manner which the following cases will sufficiently explain.

Observation 1. The subject of this observation, a woman aged some 50 years, was admitted about six weeks since into the Hospital, (Notre Dame de la Pitié, service of M. Piedagnel,) at that time suffering under phthisis, during the progress of which she had become frightfully emaciated. She died this morning, (Nov. 13th) when an autopsy was accordingly made.

I had seen this patient sometime previous to her decease, and at the time M. Piedagnel directed our attention to the remarkable circumstance, viz: that the left lower extremity was the seat of a considerable serous infiltration, whereas no analogous condition existed in the right leg, nor indeed, in any other part of the patient's body.

Of this phenomenon M. Piedagnel gave us the following explanation: "When," said he, "during the course of any wasting disease, an individual becomes exceedingly emaciated, the fat which surrounds the aorta and its primitive divisions being absorbed along with that existing elsewhere, the primitive iliac vein, (left), which has previously been separated from the vertebral column by an interposed layer of adipose tissue, is brought into direct contact with the bony structure, at a point immediately

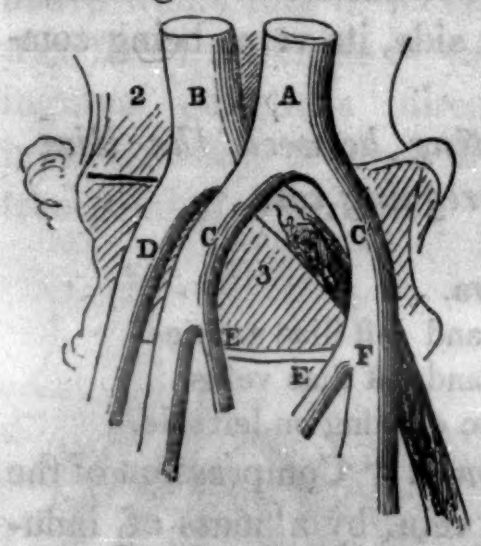
opposite the fourth lumbar vertebra, (sometimes the third), against which it is forcibly compressed by the primitive iliac arteries.

This results from peculiar anatomical relations existing between the veins and arteries, (iliac.) Thus whilst the right iliac vein pursues a course nearly parallel with the right iliac artery, and thus altogether escapes compression; on the other hand, the left iliac vein, in passing between the left primitive iliac artery and the spinal column, is pressed against the resisting bodies of the vertebra by the former—an interruption to the circulation in the vein follows—a coagulum forms, and dropsical infiltration of the corresponding lower extremity must inevitably result.

The autopsy revealed the following facts:

As M. Piedagnel had anticipated, the left primitive iliac vein was found forcibly compressed by both the primitive iliac arteries, and immediately below the point of compression existed a consistent semi-organized coagulum, which extended as far down as the beginning of the femoral vein, while evident traces of previous inflammatory action were found, in lymphous adhesions and rough deposits, on the internal parietes of the vein. The iliac and femoral veins of the right side on being opened were found to contain little or no blood.

The disposition of the iliac veins and arteries, relatively to each other and the vertebral column, was as represented in the following sketch.



In this case the division of the aorta into its primitive iliacs took place immediately opposite the third lumbar vertebra, and the position of the vena cava was considerably farther to the right than is usually the case.

A. Aorta.
B. Vena cava.
C. C. Right and left primitive iliac arteries.
D. D. Right and left primitive iliac veins.
E. E. Hypogastric arteries.
F. Point of compression.
2. and 3. Second and third lumbar vertebra.

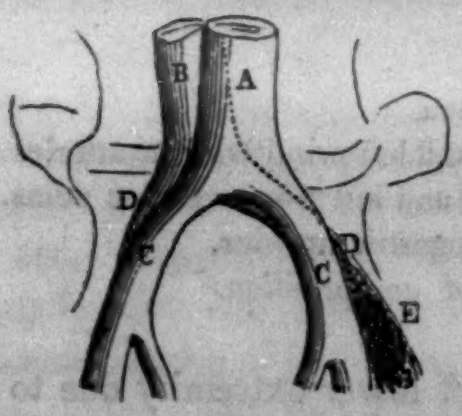
Observation 2. "Infiltration of the left lower extremity due to compression of the left primitive iliac vein, by its corresponding artery."

A woman having died of phthisis in the Hospital, (La Pitié,)

service of M. Piedagnel, an autopsy was made on the morning of the 31st October, 1847. I had not seen this case previous to her decease, but M. Piedagnel observed to us, before opening the body, that a dropsical infiltration of the left leg, precisely similar to that observed in the preceding case, had existed for a considerable time before the patient's death; calling our attention at the same time to the swollen condition of that limb as contrasted with the frightful emaciation of the right lower extremity, and the posture of the body. The abdomen being opened, the aorta was found to divide into the primitive iliac arteries, immediately over the point where the two iliac veins unite to form the vena cava ascendens, and directly opposite the fourth lumbar vertebra. As in the preceding case, the left iliac artery, in crossing, strongly compressed the primitive iliac vein of the same side, against the vertebral column, but owing to a more normal arrangement of the vessels, the right iliac artery (as in that instance) did not participate in causing the pressure.

The vein on being opened throughout its length was found to be filled completely with very dark coloured coagula of blood—coagula more or less consistent—and evidently of long formation. These were in places adherent to the parietes of the vein which gave evidence of having been inflamed. Similar adherences with an analogous colouration of the serous lining, were discovered extending along the femoral almost to its termination. No similar phenomena were observable on the right side, its veins being comparatively free from blood.

Figure, showing the relations existing between the iliac arteries and veins in the foregoing case.

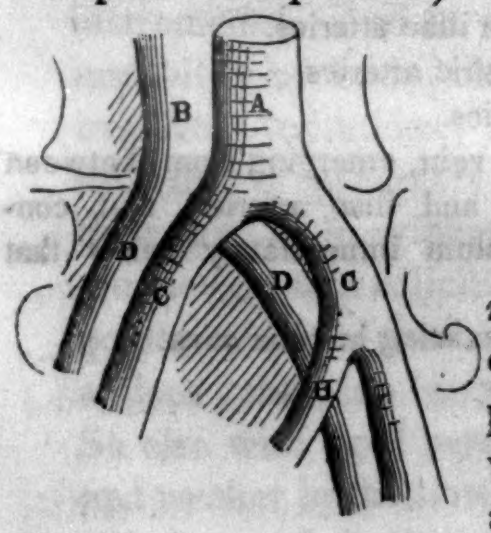


A. Aorta.
B. Vena Cava.
C. C. Right and left iliac arteries.
D. D Right and left iliac veins.
E. Coagulum existing on left side.

Observation 3. "Compression of the left femoral vein, by a mass of indurated inguinal ganglions, with anomalous relations of the pelvic veins and arteries."

A man aged 38, was admitted into the Hospital La Pitié, wards of M. Piedagnel, suffering under a slow chronic dysentary,

(contracted on the island of Martinique,) during the course of which disease he became frightfully emaciated; to such an extent indeed, that his coxal bones nearly protruded through the skin ; while his body much resembled a skeleton, tightly covered with parchment, with the exception, however, of the left lower extremity, which presented a remarkable difference in this respect, it being the seat of a considerable dropsical infiltration, unusually plump and rounded. M. Piedagnel judged that in this case, as in the two previously observed, a compression of the left iliac vein, by its corresponding artery, would be found to exist. Such, however, did not prove to be the fact, the relation of the arteries to the veins being such that the left primitive iliac vein was abruptly crossed opposite the last lumbar vertebra by the hypogastric artery; but in no part of its course was this vein traversed by the primitive iliac artery of the same side, which vessel pursued a course absolutely parallel with it. The artery in this case was considerably in advance of the vein. But in crossing the left primitive iliac vein the hypogastric artery finding no point d'appui against the vertebral column, little or no compression was exercised on the former, at least no compression sufficiently powerful to interfere with a due return of venous blood to the vena cava; consequently, no fibrinous clot existed in the vein. In the femoral vein of the same side, however, at a point immediately above where that vessel emerges from beneath Poupart's ligament was found the cause of the obstruction, viz.: numerous indurated inguinal ganglions directly compressing the vein, and thus inducing stasis of blood in the corresponding limb. (This was the true point of departure.)

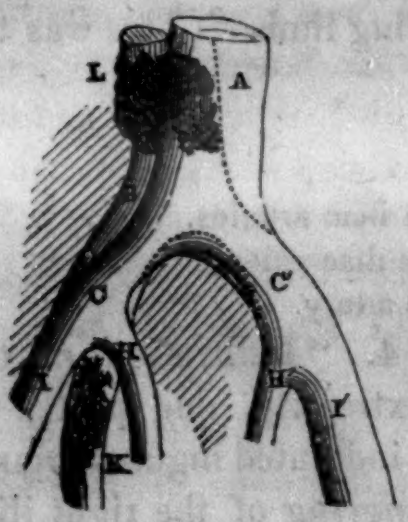


A. Aorta.
B. Vena Cava.
C. C. Primitive iliac arteries.
D. D. Primitive iliac veins.
H. Hypogastric artery.

Observation 4. "Infiltration of the *right* lower extremity, due partly to compression by indurated inguinal gland, partly to *a strangling* of the right iliac vein by the right iliac and hypogastric arteries."

The patient, a man aged 40, died of a long protracted phthisical

affection, for which he had been admitted into the Hospital La Pitié some weeks since. Unlike the previous cases, for some time before his death his *right* leg was observed to be the seat of dropsical effusion, the left extremity being in no ways affected similarly. The autopsy being made, the indurated inguinal ganglions were found surrounding the origin of the right crural vein, below which point fibrinous coagula of recent formation were discovered, the internal surface of the vein being rough and unpolished, and in some places deeply stained. Another coagulum of considerable density, and apparently long formed, existed in the origin of the vena cava, at a distance of about an inch above the division of the aorta, resting in a kind of *aneurismal* sac, constituted by a dilatation of the vein. Above this point, up to which the left primitive iliac freely carried its blood, no obstruction appeared to exist, nor could the existence of this firm semi-organized clot be readily accounted for. A third coagulum, also of ancient formation, was found to exist in the right primitive iliac vein, at a point intermediate between its origin and its termination in the vena cava. In this instance, pursuing a serpentine course, the vein passing at first from right to left, and from behind forward, wound its way between the right iliac and hypogastric arteries, in a manner which the rough sketch annexed will serve to illustrate. From these unnatural relations of the right iliac vein, more or less strangling of that vessel and consequent obstruction to the circulation undoubtedly ensued.



A. Aorta.
B. Vena Cava.
C. C. Primitive iliac arteries.
H. H. Hypogastric arteries.
I. I. Iliac arteries.
K. Right iliac vein, emerging from between the hypogastric and iliac arteries, and containing a coagulum immediately below that point.
L. Coagulum existing in vena cava.

On various forms of Dyspepsia. By Abraham Livezey, A. M., M. D., Lumberville, Pennsylvania.

The physician, practising in the country, is probably harassed by no class of people so much as by a large family of *foot patients*, who are constantly upon his heels—putting up petitions of a thousand ailments for him to prescribe for,—and for all of which he is expected to give speedy relief, and that too without restricting them as regards their *meat and drink*.

The class to which I allude, embraces a multitude, denominated as *miserable dyspeptics!*

The ordinary symptoms of flatulency, acidity and pyrosis, a constant fulness in the epigastrium,—every particle of food producing a sensation of fulness and heaviness, or a severe pain—gastrodynia—a constant and distressing vomiting of every meal, are cognizant to the merest tyro in medicine.

But there are other marks of indigestion that may escape the young practitioner, and for the alleviation of which, he may exhaust the domain of the materia medica, and even then have the mortification of learning that his patient is having recourse to quack medicines, or else seeking counsel of some senior in the profession.

Some of these are, a troublesome tension of the brain, or of the skin across the forehead, headache, which of all other aches is complained of most frequently, for which the inexperienced physician will, too often, under the hypothetical assumption of hyperæmia in the brain, vainly essay the lancet and the cupping instrument! And to what end, forsooth? Plainly to add to that instability of brain, already in a weakened nervous system from irradiated irritations; from being overtaxed in study or business, from fear of pecuniary losses, or perhaps in merely brooding over their true or imaginary ailments! The stomach and the bowels are the constant solicitude of the miserly banker who feasts upon a golden table; of the bustling merchant engrossed in monied transactions; the deep lawyer; the hard student, and the ripe scholar. So also with aged persons,—persons whose brains become weaker and weaker by the slow and certain operation of time. These suffer, too, from palpitations of the heart, from giddiness and sensations

like fainting with a fear of *falling*, which disposition is most commonly felt upon suddenly raising the head from a procumbent or stooping position. What greater evidence do we want of pure cerebral weakness? And yet too often are leeches employed to the temples, cups to the nape of the neck, and even the lancet—"that minute instrument of mighty mischief"—is in requisition! Strengthen that debilitated nervous condition, by iron, quinine, nitrate of silver, or other *constitutional* tonic medicines, and energy will be imparted to the corporeal force, and health will be established in the whole "inner man."

Ringing in the ears, sleepless nights, or unpleasant and terrifying dreams, are common complaints among some dyspeptics; others are troubled with a tightness of the throat or chest, and females with a spasmodic action of the œsophagus, with a "stoppage of the wind," which gives them a feeling "as if they had a bell there." In fine, the disease is protean in its character and in its symptoms.

The ordinary prescriptions of bicarb. sod. vel. potass. et zingib., together with the vegetable bitters, cordials, and laxatives, constitute merely a *placebo* mode of treatment, seldom doing more than giving temporary relief; for in all such we maintain that there is a *totality* of derangement, that every part of the constitution of a dyspeptic patient is more or less disordered: in fine, that it is a *constitutional*, not a *local* disease; and hence, in all chronic cases, constitutional remedies are required to overcome the pathological condition. Give then the ferri. præp., quin. sulph., or argent. nitras., each of which acts as a tonic, and apparently sometimes as a sedative, to the nervous system; and thereby improving the tonicity of the organs of digestion.

For the violent spasms, cramps, and pain in the cardiac or epigastriac region, two or three drops of hydrocyanic acid, followed by a bowl of *hot* tea, will give immediate relief, and a continuance of the acid for ten days (i.—ii. gtt. ter. die.) will generally free the patient for months.

A most interesting case came under my care last fall, which had been prescribed for by a medical brother for six months. A delicate female, æt. 17, weight less than fifty, who had been living on one moiety of a hard "water cracker," twice or thrice a day, with a mere sup of cold water for six months, and even this morsel

occasioned severe pain, distress, and distension,—complained much of tightness of the throat and upper part of her chest, acid eructations, furred tongue, complete loss of appetite, disordered bowels, œdema of face, feet and stomach, or rather of the inferior portion of the entire chest, and a debility that only enabled her to *totter* from the bedside to her chair. Now, for a long period she had been treated by alkalies and carminatives, various alteratives, vegetable bitters and wine bitters, elixir vitriol, &c., to no effect whatever. Then followed a course of quack medicines, such as Jayne's Alterative, Vermifuge, Balsam, and Sanative pills, &c., all of which left her in the condition above described.

My first prescription was as follows:

℞.	Rhei. palmat. pulv.	ʒi.
	Menth. ppt. fol.	"
	Potass. Bicarb.	"
	Sacchar. alb.	℥i.
	Aquæ. bullien.	℥iv.

Make an infusion, when cool strain, and add a tablespoonful of best French brandy. S. A dessert spoonful four times daily.

In addition to this she took, fasting, pil. argent. nitrat. gr. $\frac{1}{4}$. In less than a week she could eat two or three crackers, and drink a cup of coffee at a meal, without any inconvenience. To invigorate her system and the condition of her lungs, through a portion of which the respiratory murmur was scarcely audible, and absolute dulness existed under the clavicles, the following was ordered:

℞. Wood Naphtha Rect. ʒi. s. gtt. xx. ter. die.

A spoonful of the former prescription to be taken when any symptoms of acidity manifested themselves. The pills also continued before meals. Naptha at $9\frac{1}{2}$ and $3\frac{1}{2}$ o'clock, and at bed time. At the end of the third week she could walk one hundred yards, and appetite and respiratory murmur much improved.

The œdema now alone remained, which the potas. iod. in solution, v. grs. ter. die. in ten days removed, and the catamenia, after a lapse of six months, was restored in twenty days more by the precipitated carbonate of iron, and the patient was considered perfectly restored in every respect.

Vomiting of meals, gastrodynia, and pain after eating, with eructations, will speedily be remedied by nitrate of silver ($\frac{1}{6}$–$\frac{1}{4}$ gr.)

or hydrocyanic acid. In two cases, where the vomiting returned after the use of the nitrate, the following

℞. Tinct. Cantharid. gtt. x.
Acid. hydrocyan. " i.—ii.

cured them permanently.

In conclusion, if the physician will ring the changes upon some one or other of these remedies, singly or combined, occasionally assisting them by some *symptomatic* medicines, as soda or potassa, for acidity, magnes. usta. et carbo ligni, or rheum, or mush of chopped wheat, to obviate constipation, almost every case will become remediable, without a resort to charlatans and their secret remedies, and then this disease will be stricken from the list of the *opprobia medicorum*, which, as the writer loves his profession, is his earnest desire.

Addenda.

A neighbouring physician succeeded in arresting the vomiting of a case, worse than the one described above, after a lapse of fifteen months, in which the chief symptom was the rejection of *every particle* of nourishment, as well as all drinks,—by small doses of biniod. of mercury. (Five consultations were held over the case.)

A lady, ætat. 86, in my practice, lately fractured both bones of the right leg, which have united perfectly, and she now enjoys the complete use of the same—capable of sustaining her entire weight which I should judge to be 180 pounds at least. She is much drawn by rheumatism, and being unable to recline any length of time in one position, I procured a light portable fracture box, in which the fractured limb was firmly placed, and the whole supported on a double inclined plane, with a loose joint, which enabled her to occupy the sitting position. After a few weeks, the box was removed and we made a strong laced stocking, well splinted with whalebone and laced tight. The fractured bones remained *in situ*, and complete recovery ensued as above stated.

Case of Extra Uterine Pregnancy. By Saml. A. Peters, M. D., of Boone county, Missouri.

On the 17th of December 1847, I was summoned to see a mulatto woman, the property of Mr. ———, in Boone county, Mo., who was taken very suddenly ill. Not being at home when called for, I did not get to see the patient until an hour and a half had elapsed from the time of her being taken ill.

History.—This woman, æt. 35, formerly enjoyed tolerably good health; had seven children, and was supposed to be pregnant at this time; this, however, had not been satisfactorily ascertained. She stated, that three months anterior to her present illness, her menstrua had not appeared at the regular time, but since then, they were twice visible at irregular intervals. The owner of the woman informed me on my arrival, that she had been washing the floor of a room, not having complained of being unwell, when, suddenly, she fell down. She was placed upon a bed, and they supposed her complaint to be nothing more than a "fainting spell," which they said she had had several times before. Her pulse was ninety-six, and barely perceptible; tongue natural; lips pallid; extremities extremely cold. She referred "her misery" to the hypogastric region. I pressed my hand upon this part of the abdomen, but this neither lessened nor increased "her misery." I examined *per vaginam*, but could discover nothing that would throw any light upon the nature of the case. The lips of the os uteri were thick and soft, and I could easily introduce one of my fingers into it.

From not being able to satisfy myself positively, from the phenomena that presented themselves, as to the nature of the case, or the cause of such a sudden enervation of the system, I was necessitated to prescribe for symptoms. I supposed, after making use of stimulants, linaments, fomentations, &c., from the patient still becoming weaker, with all the concomitant symptoms, that there certainly must be internal hemorrhage. She died two hours from the commencement of the attack.

Post mortem examination. The cavity of the abdomen was filled with a large quantity of fluid blood. I removed *fifteen pints* before I could advance further with the examination. An

embryo with its membranes, was partly adhering to the upper anterior part of the bladder. The chorion, and amnion, and placenta, were distinctly seen. The embryo is three inches in length; all the external members are perfectly formed; it had one coil of the funis around its neck. I removed the uterus and its appendages; the former was three times its natural size, and three-fourths of an inch in thickness. The inner surface presented no appearance of a membrane lining it. Had a decidua been there, or any gelatinous or fibrinous matter been present, I should certainly have detected it. The glandulæ Nabothi were slightly enlarged. The Fallopian tubes presented nothing unnatural, externally, or internally. The orifices had the appearance, at the angles of the uterus, which they usually have in the unimpregnated state. The right ovarium was much larger than the left, and when cut into, I observed that one of the Graafian vesicles was enlarged, and filled with a brownish coloured fluid.

Judging from the size of the embryo, and also from what the patient said respecting her menses, I should suppose that she had been pregnant about three months.

The cause of the sudden death is obvious. The adhesions of the membranes of the ovum to the bladder becoming ruptured or broken,—the bloodvessels of the bladder being consequently opened, and not having the power to contract, they permitted the blood to flow from them until death ensued.

I was sorry, that it was impossible to have a medical witness present at this examination, to confirm me in the position that there was no deciduous membrane lining the cavity of the uterus. I am well aware, that the major part of writers on embryology, affirm, that the decidua is formed in the uterus before the ovum arrives there, or is commencing to be formed at the time the ovum is impregnated in the Graafian vesicle. This membrane I certainly was not able to discover in the above case of ventral pregnancy.

Philadelphia, March 21*st*, 1848.

Yellow Fever in Mexico. By B. Rush Mitchell, M. D., U. S. N.

For the following valuable contribution we are indebted to Professor T. D. Mitchell, of Lexington, Ky., father of the writer.

U. S. Steamer Spitfire.
Tlacotalpam, March 22d, 1848.

Dear Father,—As you desire to know what medical items of interest I may have picked up in the Gulf, I write this letter wholly upon medical subjects. The most alarming disease with which we have had to contend in the squadron, was yellow fever; and that we experienced it in a most virulent and epidemic manner last summer, the history of the squadron most conclusively establishes. Of twelve medical officers upon the station, four died within ten days of each other, among them being some who were inured to the climate; indeed, acclimation seemed to be no shield whatever, for the most virulent cases were those of men who were in their *second* summer in the climate. It may be that owing to our vessels being wholly at sea the previous summer, the men may not have been subject to acclimatizing influences; but as they were rarely out of sight of Vera Cruz, this is hardly probable.

The immediate cause of the general outbreak of yellow fever in the squadron was, without doubt, the expedition last made to Tobasco. This town and vicinity is notoriously a hot bed of disease; and as the expedition was had in the month of June, and some eight hundred sailors were marched in the hot sun, dragging cannon through sand for some ten miles, and afterwards exposed in Tobasco to rain, dew, and bad quarters, it is not to be wondered that epidemic disease soon sprang up. True, some sporadic cases of yellow fever had occurred prior to the expedition; but as the parties were in ill ventilated and dirty ships, and had exposed themselves to solar influence, it was only what we had a right to expect. During the few days the expedition remained in Tobasco, it became necessary to establish a hospital; cases of bilious and congestive fevers, and dysentery, accumulating so fast, as to imperiously demand sick quarters. The expedition returned to Anton Lizardo anchorage, fourteen miles from Vera Cruz, on the

30th of June. On the 4th of July another expedition of some hundred marines, etc., was made up this river to Casamaloapam; and on its return, I treated a genuine case of yellow fever on board the steamer Petrita, a vessel old, and in a very foul condition.

About the 7th of July, yellow fever opened the dance of death on board the steamer Mississippi, one of the vessels attached to the Tobasco expedition, and so rapidly did it spread, that in three or four days two hundred men were in Salmadina Hospital, and not enough well men left on board the vessel to weigh anchor. For a time the disease seemed to confine itself to the Mississippi, and its virulence was doubtless aided by a spontaneous combustion of her coal, which, besides requiring the extra working of the men, filled the ship with a foul atmosphere. The frigate Raritan, which left Tobasco *direct* for the United States, had the yellow fever to break out a few days after her departure, and lost some twenty odd men and officers before arriving at Norfolk. Her dirty condition was a matter of notoriety.

The Commodore, perceiving the continual increase of the sickness on board the Mississippi, resolved to send her to Pensacola; and she accordingly left, August 11th, carrying some three hundred sick. Prior to her departure, yellow fever appeared on board the sloop of war Decatur, the steamers Spitfire and Vixen, and the store ship Fredonia. About the 22d of August, the store ship Electra arrived from Pensacola. When she left that place, yellow fever was very prevalent. She brought out, as an after examination developed, bad stores, and was otherwise in a foul state. Four days after her arrival, the greater part of her officers and crew were in the hospital of Salmadina; and on August 29th, Dr. Kearney, fleet surgeon, who had come out as a passenger in the Electra, died from yellow fever, in the hospital. Dr. Bates of the Vixen died the previous day; and Dr. J. H. Smith, of the Spitfire, sickened August 31st, and died September 6th. He had left his vessel some ten days before for hospital duty: he had been at Tobasco, as had also Dr. Hastings, and these were the *only* two cases of yellow fever that originated, or in whom the symptoms were first developed on the island. On the 30th of August, I was ordered up to assume the medical charge of the U. S. sloop Germantown; but on my arrival the next day at Anton, finding

that the medical officer had come off from the hospital, convalescing, and that Dr. Smith was sick, I was ordered to the hospital.

On going ashore, I found one hundred and forty patients in the hospital, and Dr. Smith in so precarious a state, as to forbid the hope that he would survive. In addition to the hospital buildings, we had four tents erected for the accommodation of the convalescing, as well as for the reception of new patients, the average reception of whom for weeks was ten or twelve daily. The brig Stromboli, too, arrived with a new class of cases, most virulent bilious intermittents, and in short *every* vessel, including the store ship Relief, had more or less of yellow fever on board. And thus it continued until October 1st, when I received into the hospital the last case of epidemic yellow fever for the season, from the Fredonia, a man, who died shortly after his admission. We had, it is true, several admissions of yellow fever up to November 1st, but the epidemic visitation and violence ended October 1st. About the 12th of September, my colleague, Dr. Hastings took the fever, and went to Vera Cruz, his proximity to where his friend Dr. Smith had so recently died being prejudical to his recovery; and this left me quite alone, surrounded by from one hundred and twenty to one hundred and forty patients; and thus I remained with a single exception, until relieved by Dr. Spotswood, November 10th.

Such is a history of the beginning, progress, and end of the yellow fever in the Home Squadron, during last summer. What caused its extensive prevalence? Upon this point there was some difference of opinion, some of the older medical officers alleging, that it was because of exhalations from the coral reefs of the anchorage, which were daily exposed at low tide. But that this, however it may have abetted the disease was not its cause, is evident from these facts, first, that the Raritan had it on board directly after leaving Tobasco, and without coming to Anton Lizardo; second, that the disease broke out on the Electra within two days after her arrival at Anton, as it did also on the Relief; third, that the Fredonia was among the latest, if not the last vessel on board which the disease appeared, (and then among marines who had been at Tobasco,) and did not manifest much violence, until the crew were worked in the sun preparing the ship for sea; and yet, this vessel had been lying the whole summer exposed to

prevailed on board the shipping at Alvarado, two miles from the sea, and twenty from any coral reefs; fifth, that but *two* cases of yellow fever originated or seemed to originate on Salmadina island, the centre of the anchorage; and this, when there were at least forty persons there constantly, who never had had the fever; and lastly, the disease did *not* prevail on board the shipping laden with coal at the anchorage, although there were six vessels which had been there since March. These facts I deem sufficient to establish the groundlessness of the opinion I have adverted to, and to prove that we must seek elsewhere for the cause of yellow fever in the home squadron.

My opinion then is this, that although sporadic cases of yellow fever might, and probably would have occurred in the squadron, if they had remained at Anton Lizardo, yet, that there would have been nothing like the epidemic visitation we experienced, *if the expedition to Tobasco had not been made.* In coming to this opinion I design to cast no blame upon the Commodore, for it was impossible, *a priori*, to predict that such results would flow from the expedition. But that the expedition had such results, I think evident from the history of the disease. Although yellow fever existed epidemically in Vera Cruz prior to the departure of the Tobasco expedition, but four or six cases had been noticed in the whole squadron. Immediately upon its return to the anchorage, however, it began to show its head, and in a few days two or three hundred were attacked. Am I jumping to conclusions? The coincidence is, at least, strong in behalf of my view. Another strong fact is, that the United States' schooner Flirt, which was at the anchorage during the first half of the epidemic, did not have the disease on board; nor did the Saratoga, until after an exposure of one month to the infected atmosphere of Vera Cruz. The facts then I conceive to be these, that the exposure of the men to solar influence, fatigue, rain, etc., at Tobasco, and their subsequent return to confined and sometimes dirty vessels, and exposure on board, originated and propagated the disease in question. All who were at Tobasco were exposed to malarious influence, which only needed to be aided by sea air to develope yellow fever.

Upon this point, the general origin of yellow fever, I hold this opinion, which I claim as *original*, that yellow fever cannot exist epidemically, nor be originated without the presence of *sea air.* Marsh miasmata alone and unaided may, and does produce fevers

of various grades; but unless the individual be exposed to a sea air, he cannot have yellow fever. I have not the works of Dr. Rush by me, but if my recollection serves me, you will find that in the Philadelphia epidemics, the prevailing winds, either before or during the epidemics, *were from the sea;* thus impregnating the Philadelphia atmosphere with sea air. You know that the range from the sea coast of yellow fever is limited, and when it extends beyond those limits, if you enquire of the winds, they will tell you why it is. This town is twelve miles from the Gulf, but is separated from it by a chain of hills and mountains; it never has yellow fever, while Alvarado, ten miles nearer the sea and exposed to sea breezes, has. Yet this town is abundant in malaria; and Alvarado is built on sand. And such is the general history of these parts. The island of Salmadina is a mass of sand, and no malaria is there generated. It is moreover six miles to windward of land; yet but two cases of yellow fever occurred among the island residents, and these residents but recently removed from their ships. Why was this? Was it not because there was no marsh miasmata there to mix with the sea air? If not, why did the vessels but three hundred yards from the island suffer so severely? Was it not because their vegetable and animal exhalations afforded a something which, united with sea air, developed yellow fever.

But speculations apart, I come to something more tangible. With the symptoms of yellow fever and its progress all are familiar, and it is therefore on its treatment and lesions that I design only to remark. Death in yellow fever is caused either by extensive brainial disease, or abdominal affection, and consequently our care is to guard against disease attaining a mortal inroad in these localities. I never use general depletion for either determinations of the disease; both in the hospital of Salmadina and that of Vera Cruz, such a course eventuated in harm and only harm. When the head symptoms ran high, I bled locally by cups, and blistered; when the gastric symptoms were most prominent, I blistered the epigastrium. In either case, my main reliance was in the production of speedy and copious bilious purgation, to attain which, I immediately administered calomel, ℈iss. pulv. jalap. comp. grs. xl.; if no operation was had in four hours, repeated the dose. By this I obtained free discharges from the bowels, liver,

the influence of the coral reef atmosphere; fourth, that the disease and kidneys, and had the pleasure to find the intense pain of the lumbar region—so distressing a part of the disease—almost immediately relieved. Simple jalap failed to answer the same beneficial purpose with the compound powder.

For the nausea and vomiting attendant upon the disease, an etherial tincture of kreasote was almost invariably beneficial. By it I arrested the black vomit itself, and procured recovery. The prescription usually employed was,

Kreasote	gtt. xx.
Eth. sulph.	℥i.
Spts. lavend. comp.	℥i.

M. A teaspoonful every fifteen minutes until the nausea or vomiting ceased.

From three to four doses in ordinary, and six to ten in malignant cases, never failed in my hands to achieve the end designed. But to insure its success as a remedy, as well as to save the life of the patient, it is necessary to deny the use of any liquid aliment or drink to the stomach. So great was the irritability in a majority of cases, that even the entrance of water from ice melted in the mouth, was not tolerated five minutes by that organ, ejection almost immediately ensuing.

Such is an outline of the course of treatment I pursued in the yellow fever of the squadron, and with great success. I combatted *symptoms* as they arose, meeting them as they appeared, boldly, and vanquished necessarily the cause of their appearance. One word as to contagion. No medical officer who was here last summer, that I know of, believes in it for a moment, nor did a single item of proof that it caused a single case here develope itself. In treating the disease, the navy went ahead of the army, we losing about *one in twenty-seven*, the army one in three or four.

To show you in what particular parts the disease spent its virulence, I append a description of the lesions I found on post mortem. They were referable to two general classes, cranial and abdominal.

Those cases in which head symptoms, such as fierce delirium or profound coma, were strongly marked from the first, evidenced little or no lesions in the abdomen, and vice versa. The head lesions were, effusion into all the ventricles of the brain in large amount, and so softened a brain as to have little more consistence

than jelly. About the medulla oblongata, softening was very evident, accompanied with much redness of the upper part of the spinal cord.

In the abdomen, the most prominent changes were those in the liver, spleen, and kidneys. The liver was generally soft in texture, and its colour of an *olive green*,—the gall bladder being distended with black tarry matter—a similar semi-fluid being found in the stomach; the spleen was usually the consistence of clotted blood and much enlarged; the kidneys were in all cases more or less inflamed, especially on their periphery; in some cases considerable cystitis existed. These are all the lesions that were observed worthy of note.

Case of Compound Dislocation of the Knee Joint. By O. H. Costill, M. D., of Frankford, Pennsylvania.

On the 5th of November last, I was called to see E. B., a boy aged eleven years, said to have his leg broken; the accident had occurred rather more than an hour previous to my seeing him. I found him lying on a settee, in great suffering. Upon ripping up the left leg of his pantaloons, I found the head of the tibia completely exposed, having been thrust entirely through the soft parts covering the joint, posteriorly and a little outwards. As nearly as could be ascertained, the accident occurred in the following manner. The boy suspended himself from the back part of a wagon which was passing through the street; in the act of extending his legs beneath the wagon, the left one was caught between the spokes of the wheel, which, by its rotation, brought the anterior part of the limb in contact with the wagon; the boy still clinging (through fright) to his first position, the force thus applied, as the bone did not break, drove the head of it backwards and produced the displacement stated above.

By making extension and at the same time flexing the leg, while the body was firmly held, I reduced the luxation without difficulty, though some hemorrhage attended. The laceration was severe; the whole of the posterior part of the joint was exposed, and the popliteal artery distinctly visible. I brought the integuments together by adhesive strips and stitches, and removed with the scissors some shreds of tendon which hung from the wound.

A compress and roller were then lightly applied, and the limb was supported in a slightly flexed position by a splint on the inside, extending from the foot nearly to the groin; a pillow was placed under the knee. The patient was directed to take a teaspoonful of paregoric, to be repeated during the night if necessary to procure rest. It was 7 o'clock, P. M., when the dressing was finished. The pulse and skin were natural, and the boy expressed himself as feeling much more comfortable than before the limb was dressed; nevertheless I thought it right to apprise his parents of the dangerous nature of the accident. The next morning at six o'clock I saw him again, he had complained much during the night, but had some sleep, and was as well as if the case had been one of ordinary fracture. The dressings were saturated by discharge from the wound. In the evening Dr. Taylor saw the patient with me; at this time there was some fever, the pulse however, did not exceed 100; we directed an infusion of senna, and the anodyne to be repeated. Nov. 7th. He is much more comfortable this morning; no unfavourable symptom has occurred. On the fifth day, for the first time, the dressings were removed. Suppuration had partially commenced. A poultice of bread and milk was applied, secured by a many-tailed bandage. The splint was continued, and the limb rested on a pillow. In this way the dressings were renewed daily, with but little variation; free suppuration and some sloughing occurred, but the wound healed in six weeks, and in two weeks more the boy could walk with slight assistance. He is now perfectly well, except that the joint admits of but little motion, although not entirely anchylosed.

March 1st, 1848.

Remarkable Case of Strangulated Hernia, successfully treated.

By J. Dunott, M. D.

John Conler, aged thirty-four years, has been the subject of Scrotal Hernia of the right side from infancy.

He recollects having worn a truss when very young, but had abandoned its use for many years, and experienced no inconvenience, except an occasional protrusion of the bowels, when he made some great or unusual bodily exertion, to which his ordinary

occupation as a labourer now and then subjected him. He was always able to replace the gut and return directly to his work.

About fourteen years ago, he procured a truss at the instigation of a physician in Boston, which he has worn ever since, with some trifling intervals, and thinks he has not been able to return the gut with the same facility since.

My attention was called to him on the 16th of January, by his attending physicians, Drs. Smiley and Ashton. I found him with frequent and somewhat resistant pulse, abdomen tympanitic and tender, frequent vomitings of dark but not offensive matter, countenance pale and indicative of much distress. The right side of the scrotum very much distended, measuring from twelve to fourteen inches in circumference, and exceedingly tense.

These symptoms had resisted all usual remedies in such cases for forty-eight hours. A liberal dose of castor oil, with the addition of a drachm of spirits of turpentine, was now given, and followed in two hours by an enema, which procured three pretty copious evacuations; after this an opiate was administered, and an effort made to restore the parts by taxis, aided by local applications. By these means the tumour was considerably reduced in size, and the more urgent symptoms abated. He passed a tolerable night, but on the following morning his stomach became exceedingly irritable, rejecting everything, and in the after part of the day vomiting almost constant and stercoraceous; no evacuation from the bowels; abdomen tympanitic and tender; countenance pale and anxious; pulse quick and feeble; tumour increasing and tender.

It was now thought advisable to divide the stricture without further delay. I accordingly made an incision four inches in length, commencing three-fourths of an inch above Poupart's ligament; and after dividing the faciæ, opened the sac. Nearly a a pint of bloody serum issued from the opening, and the protruded portions of the intestine, consisting of five or six inches of the colon; the cœcum, vermiform appendage, which was doubled upon itself, adherent and indurated, and four or five inches of the ilium, all of a dark mahogany colour, were exposed.

The stricture being divided, a slight effort was made to bring down the intestine with a view to examine the strictured portion. This was found to be impracticable in consequence of the close

connection of the intestines to the inguinal ligaments and ramus of the pubis, and on passing the finger behind them it could not be carried higher than the inferior edge of Poupart's ligament. On raising the intestine, the meso-colon, which had been brought to this position by the descent of the peritoneum, was seen to be continuous with the posterior portion of the sac. This condition of things rendered the replacing of the gut an exceedingly difficult task.

After endeavouring to accomplish this end for nearly an hour, with but little effect, I began to be apprehensive it could not be attained. My friend, Professor Pancoast, was called in at this period, and by continuing the effort for nearly an hour longer, with his assistance we were at last successful.

The patient is now (Feb. 22d) at his usual employment, having recovered without any unfavourable symptoms. I have thought the above case one of sufficient interest for publication, because of its novelty and the difficulties necessarily incidental to it.

It is rare to find the cœcum in a hernial protrusion, for it is so closely connected with the posterior parietes of the abdomen, (having little or no mesentery,) that it cannot descend unless the peritoneum be dragged down so as to bring its connections in close proximity to the ring, in which case its laminæ will be separated in such a manner as to do away with it almost entirely, and the gut will be found so closely connected with the inguinal ligaments and parts contiguous thereto, as to render its return almost impossible, and the amount of handling necessary to replace it will greatly augment the danger of the operation.

The result of this case has shown, however, that these may be encountered, and is, perhaps, not the least interesting feature presented by the case.

Feb. 26th, 1848.

PHILADELPHIA, APRIL 1st, 1848.

To the Editor of the Medical Examiner.

Dear Sir,—As promised at a post period, I herewith hand you for publication, a method for the stoppage of maxillary hæmorrhage, that I have been in the habit of resorting to for twenty years past, and which has never failed to accomplish the desired purpose, in a single instance, in the course of eight or ten minutes.

I take common sulphate of copper, broken into small pieces, (but *not* powdered,) and envelope it in a pledget of common cotton, sufficiently thick to hold the same in the exact form the case may seem to require, and when pressed to its proper place, confine it by a compress, or otherwise as circumstances may call for. By the adoption of this simple mode, I have had no case where (the compress being in place) on the third rince of the mouth, the water was not ejected in a perfectly clear and transparent state.

It is well known that sulphate of copper has been used from time immemorial for the stoppage of hemorrhage; but in many cases it has failed, as well as all other known styptics, to accomplish the purpose, when used in the ordinary way. I have supposed, from the time of my first discovering the singular efficacy of this mode of application, that the fibre of the cotton contributed, somewhat, to the styptic power of the sulphate in aid of coagulation, &c.: but since the discovery of "gun cotton," so called, and particularly since the discovery of Mr. S. L. Bigelow, of the Tremont Medical School of Boston, as read before the Medical Society by Dr. J. H. Bigelow, I have been fully convinced I was right in my conjecture.

—

Chloroform.

I have administered the ether and the chloroform in a limited number of cases, and in each case, with perfect success, void of any unpleasant effect. In giving the latter to a few persons who were desirous of experiencing its effects upon their own systems, merely for the purpose of experiment, three of the number were affected with the late epidemic influenza, and, apart from any such expectation, each one was found to be perfectly relieved on the influence of the chloroform subsiding, from the convulsive or sneezing propensity, and likewise from the constant, troublesome, watery effusion from the nares; in a word, from every symptom of the disease as having existed *twenty minutes previous to the inhalation* of this singular agent. I have some other cases of cure, of a similar character, so far as relates to the operation of chloroform, that may be communicated at a future period, should they be thought worthy of publication.

DANIEL HARRINGTON, Dentist,
Chestnut street, Philadelphia.

BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhœa. By M. LALLEMAND, formerly Professor of Clinical Surgery at the University of Montpellier; Member of the Royal Academy of Medicine of Paris, etc. etc. *Translated and Edited* by HENRY I. McDOUGALL, Member of the Royal College of Surgeons of England, etc. etc. 8vo. pp. 320. Lea & Blanchard. Philadelphia, 1848.

The subject to which the present volume is devoted, as far as we can discover, is little studied in this country; and the practice for the relief of the complaint, which, it appears to us, has been too generally resorted to by the author, is confined chiefly to cauterization. It is highly probable that with us the nasty habit of self-pollution is of far more rare occurrence than in older countries. The abundant means of occupation at the command of all, and the full remuneration of labour, which enable young people to enter into marriage at an early age, doubtless prevents this to a great extent. The masses, too, are better educated; and, in the constant incentives to enterprise peculiar to a new country and a teeming soil, they find enjoyments which prevent their lapsing into the solitary indulgences of less favoured communities. And yet, the vice exists; and the consequences, manifested in many serious derangements of the constitution, often present themselves to the notice of the physician, when it is probable the cause is not even suspected. The natural unwillingness of patients to disclose such weaknesses, especially when conscious of their origin, and the repugnance which most practitioners entertain towards such inquiries, particularly when the subjects, as is too generally the case, are both illiterate and filthy in their ordinary habits, sufficiently account for the general neglect of these investigations. Nevertheless, as we have observed, instances of the disease do occur, often unsuspected, and it is the duty of physicians to become acquainted with the symptoms which indicate it, the consequences of its neglect, that they may properly warn the unreflecting or ignorant sufferer, and the rational means of cure.

Although in these remarks we refer more particularly to cases arising from self-pollution, which is undoubtedly the most fruitful cause, the necessity for such knowledge is not the less where the disease arises from other influences.

The author's researches and observations on spermatorrhœa have long been before the profession, but in a foreign language, in detached essays, and, on other accounts, in a great degree inaccessible to American physicians. Mr. McDougall has conferred on the profession the benefit of a good English translation; and, in performing this task, he has judiciously omitted a large number of the cases which were not required for illustration, as well as much irrelevant matter. In this way, the useful contents of three large volumes are now comprised in a single octavo, of moderate size, and in a language understood by all our readers.

To those who would turn from the perusal of such a work, on ethical principles, or rather, we would say, from the erroneous notion that it is not the duty of the physician to lend his aid for the relief of ailments which result from moral perversion, we would observe, in the language of the author, that "diurnal (involuntary) pollutions are not always, as is generally believed, the result of venereal excesses, or of vicious habits. Many other varied causes, whose influence may be single, successive, or simultaneous, also give rise to them. Some of these cases are already understood, but of many others the medical world is completely ignorant; and these are the most dangerous, because their influence is the most difficult of appreciation." Although many of the cases narrated by the author have been omitted by the translator, sufficient are retained, on every point, to illustrate the principles set forth, and the effects of the practice pursued.

Researches on Meteorology. By Bennet Dowler, M. D. (*Reprinted from the New Orleans Medical and Surgical Journal for January*, 1848.

This brochure of twenty-four pages is from the pen of a gentleman known to the profession by researches made some years since, and which are highly creditable to him as a medical observer.

The present off-hand article is confessedly a gift to a "hard-up"

editor, who, no doubt, wanted something from the doctor to fill up the No. "The printer," says Dr. Dowler, "got a leg one day and an arm the next." We congratulate the printer on his good luck; and could wish that every editor, when a little "corner'd," could find an article equally as good as the present one, with as much brains, to say nothing of arms and legs. This, however, is but a prelude to what is to follow, as the author expressly states. We have a bone or two to pick with the doctor, but, still, as they are not very large, we'll let them lie quiet just now, and notice more particularly the subject before us.

We think the word meteorology an unfortunate one—indeed it may be questioned if one out of ten have any distinct idea when the word is spoken; and even on reflection, so diverse are the subjects comprehended under it, that a confusion constantly exists in the mind; and when to this is added the fact, that very little is really known of the science, it being in the main one of modern advancement, it is not at all surprising that clear and definite ideas are not always had on this subject.

To elucidate this point, let us state the various subjects comprehended under this one term, Meteorology, by Prof. Kaemtz, in his work on this subject. Chapt. 1, Treats of the range of temperature in general; Chapt. 2, On winds; Chapt. 3, On aqueous meteors; Chapt. 4, On the distribution of temperature on the surface of the globe; Chapt. 5, On the weight of the atmosphere; Chapt. 6, On the electrical phenomena of the atmosphere; Chapt. 7, Optical phenomena of the atmosphere; Chapt. 8, On the aurora borealis; Chapt. 9, On problematical phenomena.

Surely, to a person unacquainted with the science, here is a melange that might well prove startling; and it must be confessed the science is yet in its very infancy, and will demand for its further development, years of most careful observation by experienced observers.

No one, however, can doubt that meteorology demands the study of every educated medical man. Most certainly atmospheric changes have a decided influence in the production and diffusion of many diseases.

That good old gentleman, Sydenham, long since told us that there was a "medical constitution" of different seasons; and experience every day confirms the truth of the statement. Indeed we

have, sometimes, been induced to think that the mortality of many epidemics might be diminished materially, if the medical men would constantly—not now and then—but constantly, observe the meteorological changes of their respective localities, and thus be in some measure, at least, prepared for the character of the epidemic, whatever it may be, that shall present itself. Every practitioner must learn to treat every epidemic as it manifests itself in his locality—not as it is observed by a brother practitioner fifty or sixty miles off. Atmospheric, tellurial influences will modify its type; and the better meteorological observer he is, the sooner, in our humble opinion, will he learn the peculiarities of this type, and the sooner learn how to treat it. Take, for example, the so-called pyrexiæ. How much are they modified, from year to year, in their peculiar characteristics, by the state of the atmosphere in each locality! and how necessarily should the treatment be modified!

With a barometer, a thermometer, and a hygrometer, which can be procured at no very great expense, an individual, with a little industry and patience, may soon learn to be a good observer. The habit of observation will become a pleasure, and, for a medical man, a source of advantage in his daily rounds.

When we think of the number of young men who annually go out from the great medical schools of the country to establish themselves in various places over the vast area of the United States, reaching, in our conquests, to the Pacific, and down even to the Halls of the Montezumas, we cannot but see how much might be done for science—for humanity, if but one half of those who thus go forth yearly would put into practice meteorological observations. Let these observations be regularly printed—thus forming a mass of facts in meteorology—and what incalculable advantage would ensue!

We reserve any particular remarks on the brochure before us for another occasion. †

On the Theory and Practice of Midwifery. By FLEETWOOD CHURCHILL, M. D., M. R. I. A., Licentiate of the College of Physicians in Ireland; Physician to the Western Lying-in Hospital; Honorary Member of the American National Institute and of the Philadelphia Medical Society. *With Notes and Additions by* ROBERT M. HUSTON, M. D., Professor of Materia Medica and General Therapeutics, and formerly of Obstetrics and the Diseases of Women and Children in the Jefferson Medical College of Philadelphia; President of the Philadelphia Medical Society, &c. &c. *Third American Edition. Revised and improved by the Author; with one hundred and twenty-eight Illustrations from Drawings by Bagg and others, engraved by* Gilbert. 8vo. pp. 525. Lea & Blanchard. Philadelphia: 1848.

Amidst the many valuable works on Obstetrics, the one before us stands prominent. It has been extensively received amongst the profession, and as extensively appreciated. Without invidious comment, it may be—will be—admitted, that no one holds a higher position, or is more deserving of being placed in the hands of the tyro, the more advanced student, or the practitioner. It is not restricted to the *ipse dixit* of the author, oracularly expressed; but contains the views of others eminent in the craft, and is thus an epitome of existing authorized and authoritative opinions. In his preface to this "*Third American Edition*," the author states, that he has been requested by the American publishers to revise this edition, and to make such additions as the progress of science may have rendered necessary. "This," he remarks, "I have done so far as time permitted; and though I confess the work is far from being as complete as I could wish, yet I see no reason to modify or change the principles therein inculcated. An extended experience will, of course, in all such cases involve the insertion of new matter; and owing to the industry of my friend Dr. Huston, I feel satisfied that few facts of importance have been omitted. I owe a large debt of gratitude to my kind American friends, which I gladly take this opportunity of acknowledging, and also to the profession in America for the flattering reception they have given to my volumes. No reward could be more highly valued by me, nor could anything make me more anxious, by labour and study, to make my works as perfect as possible, than the knowledge that their usefulness may extend to another hemisphere."

The amiable author is not alone in his feelings of gratitude. They, who have been so much instructed by his zealous efforts in the cause of medical science, owe *him* a reciprocation of such sentiments. His works have been highly useful; and that they have been so is signally shown by the extensive sale which they have had among us. The American profession—taken as a whole—are eminently capable of appreciating true merit, and as anxious to avail themselves of the decidedly useful; and although petty jealousies and envies may, at times, prevent justice from being rendered to such as have risen far above their associates in the localities in which they reside, the body of the profession will be sure to regard them as they deserve. On the other hand, it is perfectly consistent with every day's history, that an individual, conspicuous in the restricted circle that immediately surrounds him, to an observer at a very limited distance may be a mere speck, scarcely distinguishable by telescopic agency in the nebulosity that environs him: such nebulosity may, indeed, be the only circumstance that leads the observer to a suspicion of his existence.

A Dispensatory and Therapeutical Remembrancer; comprising the entire lists of Materia Medica, Preparations and Compounds, with a full and distinct version of every practical Formula, as authorized by the London, Edinburgh, and Dublin Royal College of Physicians, in the latest editions of their several Pharmacopœias; to which are subjoined copious relative tables, exemplifying approved forms under which compatible medicines, &c., may be extemporaneously combined, &c. &c. &c. By John Mayne, M. D., L. R. C. S., Edinburgh. *Revised, with the addition of the formulæ of the United States Pharmacopœia, &c.* By R. Eglesfeld Griffith, M. D., Author of "Medical Botany," &c. &c. 12mo. pp. 329. Lea & Blanchard. Philadelphia: 1848.

This Dispensatory is intended by its author as "an unabridged *practical* formulary of the three British Pharmacopœias; and this in addition to a full amount of collective information as to the uses, &c., of the different medicines, and other important points relating to remedial means and appliances." "Another feature

of originality"—the author adds—"which, it is expected, will prove highly serviceable, is the introduction—wherever deemed requisite—of extemporaneous formulæ into the work. These are separated from the pharmacopœial or continuous text of each page where they occur, by a short horizontal line, in the manner of foot-notes; and, it need scarcely be explained, are intended to assist the practitioner's memory, by suggestion of forms and combinations most suitable for the medicinal substances to which they are annexed." p. vi.

The preparation of the American edition has been confided to one every way competent to the task, and, so far as we have had an opportunity for examination, has been well accomplished. We do not know, indeed, that we could do better than endorse the statement of Dr. Griffith as contained in the "Preface to the American edition." "This work," he says, "is so excellent a compend of the officinal processes directed by the three British Colleges, and in so convenient and portable a form, that an edition of it, also comprising those of the United States Pharmacopœia, cannot fail to be useful to the medical profession in this country. In revising it for publication, great care has been taken to supply deficiencies and to correct any errors. The additions have been very copious, including the formulæ of the U. S. Pharmacopœia, and some from other sources. The English names of the various preparations have also been appended, and a double index of these and the Latin appellations given. The work now gives a clear and comparative view of all the officinal preparations directed by the authorities referred to, so as to enable the prescriber to see at a glance wherein they differ, and to select such as are best suited to fulfil the indication of the case."

Principles and Practice of Surgery. By the late Geo. McClellan, M. D. 8vo. pp. 432. Grigg, Elliott & Co. Philadelphia: 1848.

The present work was begun, and a portion of the volume had actually gone through the press, at the time of the author's decease, and the task of its completion consequently devolved upon his son, as the rightful guardian of his father's reputation and

inheritor of his fame. In the prosecution of his work, the editor has displayed a fidelity in full accordance with filial duty. "Suddenly cut off in the midst of these labours," (alluding to the author's preparation of the volume,) "the whole manuscript was left in much confusion, and many of the subjects in its latter part were incomplete. With little clue to his intentions, other than the knowledge of his opinions, derived from some years of daily practice and observation with him, I have endeavoured to complete all that was left unfinished, in strict accordance with his peculiar views."

The brief space of 432 pages cannot of course be expected to contain anything like a full account either of the principles or practice of surgery; but this deficiency the editor hopes to remedy at some future day, particularly so far as to embrace the author's more important operations. "As now published, the chapters on the different subjects treated of are complete in themselves, and contain most of the important principles of surgery."

Elements of General Pathology: a practical treatise on the causes, forms, symptoms, and results of disease. By ALFRED STILLÉ, M. D., Lecturer on Pathology and the Practice of Medicine; Member of the Medical Society of Observation of Paris; Fellow of the Philadelphia College of Physicians, etc. 12mo. pp. 483. Lindsay & Blakiston. Philadelphia: 1848.

This is one of a series of works which the enterprising publishers are bringing out for the use of medical practitioners and students—manuals, or hand-books, on the various branches of medical science usually taught in our medical schools.

The author of the present volume, although yet far from being in "the sear and yellow leaf," is advantageously known to the profession in the United States as an officer of the late National Medical Convention, and as a well read physician and ready writer. To the opportunities afforded in this country for studying his profession, he has added those of Europe, and particularly of the French metropolis, where his mind has manifestly received its bent. With him Louis is prophet, and numerical medicine is his

creed; and those who are not of the same household of faith receive little notice from his pen.

The opinion of the author as to what has been written on the subject of the present work by British and American physicians, may be inferred from the following remarks contained in the Preface:

"English Medical Literature has hitherto possessed no work exclusively devoted to General Pathology. In nearly all of the systematic treatises and dictionaries of medicine in our language, this subject is either discussed theoretically and imperfectly, or is altogether unnoticed." The object of the author is "to supply the deficiency which is thus disclosed in our medical literature;" and whether the more exclusive character claimed for his production has contributed to render it less theoretical and less imperfect than its predecessors, will be variously considered by its readers. It is not our purpose, in the present notice, to enter upon this discussion, nor to engage at all in a critical examination of the author's views and arguments, but simply to commend the work to the notice of our readers as the production of an intelligent writer on an interesting branch of medical science, the study of which is far too much neglected by students and practitioners generally.

On the Blood and Urine. By John William Griffith, M. D., F. L. S., &c.; C. Owen Rees, M. D., F. R. S., F. G. S., &c.; and Alfred Markwick, M. D., &c. In one volume. 12mo. pp. 113. Lea & Blanchard. Philadelphia: 1848.

Since the increased attention paid, of late, to microscopy and organic chemistry, the study of the blood and urine has become almost a new subject. The attainment of a knowledge of the mere nomenclature of the constituents of the urine, more especially as discovered by the investigations of the organic chemists of the day, is now, indeed, no light labour. Messrs. Lea & Blanchard have then acted *wisely* as regards the interests of the profession, and we hope *profitably* as regards themselves, in republishing in one volume—*first*, the "Practical Manual" of Dr. Griffith, which contains "a description of the general, chemical and microscopical characters of the blood, and secretions of the

human body, as well as their components, including both their healthy and diseased states; with the best methods of separating and estimating their ingredients; also a succinct account of the various concretions occasionally found in the body and forming calculi;" *secondly*, the small volume by Dr. G. O. Rees, "on the analysis of the Blood and Urine in health and disease; and on the treatment of Urinary Diseases;" and *thirdly*, the "Guide to the Examination of the Urine in health and disease, for the use of students," by Mr. Markwick. All these are valuable essays, with which it is important that every one should be provided, who is desirous of maintaining himself at all on a level with the existing condition of the important topics on which they treat.

THE MEDICAL EXAMINER.

PHILADELPHIA, MAY, 1848.

PENNSYLVANIA STATE MEDICAL CONVENTION.

In our *Record* of the present number, will be found a full account of the doings of the Convention recently held in the city of Lancaster. Having been present during a part of the time, we bear willing testimony to the courtesy and liberality displayed by its members in their discussions, and the entire absence of personal or selfish motives in any of the proceedings we were cognizant of. The members of the profession, in the city, vied with each other in kindness to their brethren from a distance, and two of the oldest and most prominent, Drs. Humes and Atlee, gave handsome entertainments, to which every member of the Convention was invited. To-morrow the National Association meets in Baltimore. From appearances, it will be largely attended by gentlemen of experience and eminence in the profession. Many interesting subjects will doubtless be presented in the reports of committees, and by the members, and if all *cliquism* be eschewed, as we hope and trust will be the case, much good may be anticipated from the comparison of views by gentlemen representing distant sections of country, and different institutions. We hope to be present during the sittings of the Association, and to be able to give an account of its proceedings in our next.

CHLOROFORM.

The anæsthetic excitement which prevailed a short time since, has rapidly subsided, as we anticipated it would. The occurrence of fatal consequences in several instances in which ether and chloroform were administered, particularly the latter, has cast a dark shade over the use of these agents. The danger now is, that we shall run into the opposite extreme, and instead of having recourse to these remedies for pain in trifling cases, decline to employ them in those which they may be most necessary and proper.

MEDICAL APPOINTMENTS IN PHILADELPHIA.

Thomas F. Betton, M. D., of Germantown, Pennsylvania, Professor of Surgery in the Franklin Medical College, vice C. C. Vanwyck, M. D., resigned. George Fox, M. D., Surgeon to the Pennsylvania Hospital, in the place of Dr. Jacob Randolph, deceased.

RECORD OF MEDICAL SCIENCE.

STATE MEDICAL CONVENTION.

We extract the following summary of the proceedings of the late Medical Convention, held at Lancaster, Pa., from the "Lancaster County Farmer," the Editor of which paper was present, by authority of the Convention, for the purpose of reporting its transactions.

In pursuance of a call published in this and other papers throughout the State, this body convened in the Methodist Church in this city (Lancaster,) on Tuesday last, at eleven o'clock, A. M., and on motion of Dr. Geo. B. Kerfoot, of this city, Dr. Heister of Berks county, was called to the Chair,and Dr. Stillé of Philadelphia, appointed Secretary *pro tem.*

Motion by Dr. Kerfoot—that A. G. Williams be permitted to occupy a seat in the Convention and report proceedings for publication—carried.

A committee was appointed to examine the credentials of delegates and report to the Convention. After these had been presented, the committee reported through their Chairman, Dr. John L. Atlee, the following persons as entitled to seats in the Convention.

Jefferson Medical College—Drs. Thomas D. Mütter, R. M. Huston.

College of Physicians—Drs. Joseph Carson, Lewis Rodman, Saml. Jackson, Isaac Hays, A. Stillé, F. G. Smith, George Fox, V. L. Godon, W. B. Page, W. L. Atlee.

Philadelphia Medical Society—Drs. George W. Norris, Henry H. Smith, John Bell, B. H. Coates, Isaac Parrish, G. Emerson, Henry Bond, J. R. Paul, M. Clymer, E. Hartshorne.

Pennsylvania Medical College—Drs. Henry S. Patterson, W. R. Grant.

Franklin Medical College—Drs. Thomas F. Betton, P. B. Goddard.

Philadelphia Association for Medical Instruction—Dr. Francis West.

Phila. College of Medicine—Drs. H. Gibbons, J. B. Burden.

Northern Medical Society of Phila.—Drs. James W. Stewart, Wm. Mayberry, J. F. Lamb, A. Helfenstein, Thos. Hobson, John Rhein.

Lancaster Co. Medical Society—Drs. J. L. Atlee, Saml. Humes, Geo. B. Kerfoot, Samuel Duffield, J. S. Clarkson, J. K. Eshelman.

Lancaster Co. Hospital—Drs. H. A. Smith, C. O. Richards.

York Co. Medical Association—Dr. E. S. Shearer.

Schuylkill Co. Medical Association—Drs. James S. Carpenter, J. G. Kœhler, J. S. Morton Zulick.

Chester Co. Medical Society—Drs. W. W. Townsend, Samuel H. Harry, C. W. Parrish and E. F. Rivinus.

University of Pennsylvania—Drs. S. Jackson, W. Gibson.

Lycoming Co.—Dr. Thomas Wood.

Lebanon Co. Medical Society—Drs. D. B. Marshall, Samuel Behm, B. L. Schenk.

Medical Faculty of Berks Co.—Drs. Jno. P. Hiester, W. Moore, J. H. Seltzer.

Bucks Co.—Dr. C. W. Foulke.

Susquehanna Co.—Dr. G. S. Dimock.

Dauphin Co.—Drs. E. Roberts, A. Miller.

It was then moved by Dr. J. L. Atlee, that Medical gentlemen present from the counties not otherwise represented, be invited to take seats, and participate in the deliberations of the Convention. Carried.

Moved by Dr. Mütter, that Dr. F. A. Muhlenberg be invited to a seat in the Convention, with all the privileges of membership. Carried.

Dr. Emerson, of the Philadelphia Medical Society, offered the following preamble and resolution:

Whereas, The extension of knowledge upon all subjects pertaining to the Healing Art, and the improvement of the capacities of those to whose skill and attention the suffering community is necessarily entrusted, are matters of the deepest interest to the public. Therefore, we, the Representatives of the Medical Faculty of the State of Pennsylvania, believing that these objects may be greatly promoted by a systematic organization of the members of the profession of the Commonwealth, assembled in Convention, in the city of Lancaster, do

Resolve, That we now proceed to the organization of a State Medical Society. Passed.

On motion, a committee was appointed to nominate officers of the Convention, (names of the gentlemen composing this Committee, were not distinctly heard by the reporter.) After a short consultation the Committee reported as follows:

For President—Dr. Samuel Humes, of Lancaster county.

For Vice Presidents—Dr. Heister, of Berks county, Dr. Wood, of Lycoming.

For Secretaries—Dr. Stillé, of Philadelphia, Dr. Dimock, of Susquehanna.

Report accepted and nominations of the committee confirmed by the Convention.

Dr. Humes was then conducted to the Chair by Dr. Heister, President pro tem. and expressed his gratitude to the Convention for the honor conferred upon him, in a short and appropriate address.

Upon taking his seat, Dr. Stillé asked to be excused from serving as Secretary of the Convention. On motion he was excused, and the name of Dr. Marshall, of Lebanon county, substituted.

The object for which the Convention was called, was then formally stated to be the organization of a State Medical Society.

Moved by Dr. Emerson, that a committee be appointed for the purpose of drafting and presenting to the Convention a Constitution, under which the organization of a State Society might be effected. The Committee was composed of the following gentlemen, viz: Drs. Hays, J. L. Atlee, Emerson, Bond, Betton, Duffield, Eshelman and Harris.

The Convention then adjourned till 3½ o'clock, in the afternoon.

—

3½ o'clock, P. M.

Met pursuant to adjournment. Several Delegates, not present at the organization, appeared, and took their seats.

On motion, the roll was called.

On motion, Dr. Francis Burrows of Lancaster, was admitted to a seat in the Convention.

Report of the committee to draft a Constitution was called for, when it was presented by Dr. Hays, as Chairman of that committee, read and accepted.

Motion by Dr. J. L. Atlee, that Hon. Judge Lewis be invited to take part in the proceedings of the Convention—motion prevailed, and a committee was appointed to wait on and conduct the honorable gentleman to a seat.

It was moved that the Convention now proceed to take up, and discuss and adopt the Constitution,—(by the separate article.) Carried.

Considerable debate was had upon each article of the Constitution, enlivened by occasional sallies of wit, &c., nevertheless, harmony prevailed throughout the proceedings.

On motion, the Convention adjourned till 8 o'clock on Wednesday morning.

Wednesday, April 12.

Convention met pursuant to the adjournment of last evening. Dr. Hays moved that the consideration of the Constitution be resumed, which being done, an animated discussion ensued, in which, Drs. Bond, Hays, Carpenter, Parrish, Judge Lewis and others participated.

The following Constitution was finally agreed to, by the Convention.

ARTICLE I.—*Title of the Society.*

The name and title of this Society shall be "The Medical Society of the State of Pennsylvania."

ARTICLE II.—*Objects of the Society.*

The objects of this Society shall be the advancement of Medical knowledge, the elevation of professional character, the protection of the interests of its members, the extension of the bounds of medical science and the promotion of all measures adapted to the relief of suffering, and to improve the health and protect the lives of the community.

ARTICLE III.—*Members of the Society.*

§ 1. The Society shall consist of Delegates and Associates.

§ 2. The delegates shall receive their appointment from the County Societies.

§ 3. Every delegate before admission to a seat in the Society, shall produce a certificate of delegation signed by the President or Secretary of his County Society, shall sign the Constitution, and shall pay the assessment.

§ 4. Each delegate shall hold his appointment for one year, or until another is appointed to succeed him.

§ 5. Every member of a County Society shall be an associate of the State Society so long as he conforms to its regulations.

ARTICLE IV.—*Of the Officers.*

§ 1. The officers of the Society shall be a President, four Vice Presidents, a corresponding Secretary, two recording Secretaries, a Treasurer, and five Censors for each of the six Censorial Districts.

§ 2. Each officer shall be elected by vote, on a general ticket, and shall serve for one year, or until another is elected to succeed him.

§ 3. None but delegates shall be eligible to the offices of President, Vice President, Secretaries, or Treasurer; but delegates and associates, provided they have been fifteen years in practice, shall be eligible to the office of Censor.

ARTICLE V.—*Duties of officers.*

§ 1. The President shall preside at the meetings, preserve order, and perform such other duties as custom and parliamentary usage may require. He shall not be eligible two terms in succession.

§ 2. The Vice President, when called upon, shall assist the President in the performance of his duties, and during the absence of, or at the request of the President, one of them shall officiate in his place. They shall not be eligible two terms in succession.

§ 3. The Corresponding Secretary shall conduct the correspondence and perform such other duties as usually appertain to that office.

§ 4. The Recording Secretaries shall keep correct minutes of the proceedings of the Society, and, when approved of, shall fairly transcribe the same in a book to be kept for the purpose. They shall have charge of all papers belonging to the Society, other than those appertaining to the Treasurer and Corresponding Secretary, and shall give due notice of the annual meetings.

§ 5. The Treasurer shall receive all monies belonging to the Society and disburse them as directed, preserving vouchers for the same. He shall annually present a statement of the finances of the Society; which shall be referred to a committee of three delegates to be audited. He shall give security for the faithful performance of his duties, whenever the council shall judge it requisite.

§ 6. It shall be the duty of the Censors of each District to examine the laws and regulations of the County Societies, and if they find nothing in the said laws and regulations contrary to the letter or spirit of those of the State Society, the Censors shall endorse on them the word "approved," with their signatures, and the date of such approval, and transmit one copy to the corresponding Secretary of the State Society and another to Secretary of the County Society.

§ 7. It shall also be their duty in case of appeal from the decision of a County Society by a member, who may conceive himself aggrieved thereby, to examine into the merits of the case, and give their decision which shall be final. They shall report their decisions through the corresponding Secretary, annually.

§ 8. Three censors shall constitute a quorum, and be competent to transact business.

Article VI.—*Of the County Societies.*

§ 1. The members of the Profession in any county of this State, who desire so to do, may form themselves into a county society, provided, that public notice of the proposed meeting for the purpose be given, that all the regular members of the Profession in the county be invited to join therein; and said Society may adopt rules for their government, provided the same do not contravene those of the State Society, may elect officers and do such other matters as may be necessary to carry out the objects of their Association.

§ 2. No one shall be admitted as a member of a county Society unless he is either a graduate in medicine of some respectable medical school, or has a license to practice from a Board recognized by the State Society, or has been a practitioner for at least fifteen years, and who, moreover, is in good moral and professional standing in the place where he resides.

§ 3. Any physician who shall procure a patent for a remedy, or instrument of surgery, or who sells or deals in patent remedies, or nostrums, or who prescribes a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy,

or instrument, shall be disqualified from becoming a member of a County Society.

§ 4. As soon as a County Society is organized, the Secretary thereof shall transmit to the censors of the District, two copies of their rules and regulations with the names of the officers and members, and as soon as one of the said copies is returned with the approval of the said censors or a majority of them, the society shall be authorized to elect one delegate to the State Society for every ten of its members, and one Delegate where the Society does not consist of ten members.

§ 5. Every County Society shall enforce the observance by its members of the code of Ethics adopted by the State Society, and they shall be authorized to censure or expel any members convicted of violating its provisions.

§ 6. A member of a County Society who is censured or expelled, shall have a right to appeal to the Censors of the District.

§ 7. A member who is expelled, shall be debarred from the rights of consultation, or the privileges of professional intercourse with any member of the State Society.

§ 8. The County Societies shall report annually to the State Society a list of their officers and members, any new rules which they may adopt, and such other matters as they may deem interesting.

§ 9. Each County Society shall have a right to fix a fee-bill for regulating the charges of its members for their Professional services.

§ 10. The County Societies shall hold, at least two meeting in each year.

§ 11. Each Society shall have full authority to adopt such measures as they may deem most efficient for mutual improvement, for exciting a spirit of emulation, for facilitating the dissemination of useful information, for promoting friendly intercourse among its members, and for the advancement of Medical Science.

§ 12. If any County Medical Society shall neglect to perform all such acts as may be required to be done by the laws of the State Society, or be guilty of any act which may be considered derogatory to the honor of the Medical Profession, or shall oppose or neglect to comply with the laws of the State Society, such County Society, during such delinquency, shall have their privileges, as a portion of the State Society, suspended, and their delegates shall not be entitled to a seat in the State Society.

Article VII.—*Meetings of the Society.*

§ 1. The Society shall hold an annual meeting in the month of April, of each year.

§ 2. The time and place of meeting shall be determined for each succeeding year by a vote of the Society.

Article VIII.—*Of the Funds.*

§ 1. Funds for defraying the expenses of the annual meetings, and the current expenses of the Society, may be raised by an assessment of the County Societies, of not more than two dollars for each delegate which said County Societies may be entitled to.

ARTICLE IX.—*Code of Ethics.*

§ 1. This Society adopts as a part of its regulations, the code of Ethics of the American Medical Association.

ARTICLE X.—*Of the Censorial Districts.*

§ 1. The State shall be divided into six Districts as follows, viz. The first shall comprise the counties of Philadelphia, Delaware, Chester, Montgomery, Bucks, Lehigh, Berks, Schuylkill, Lebanon, Dauphin and Lancaster.

The second, counties of Northampton, Pike, Wayne, Susquehanna, Luzerne, Columbia, Northumberland, Bradford.

The third of Lycoming, Tioga, Potter, Centre, Union.

The fourth of Mifflin, Huntingdon, Perry, Cumberland, Adams, York, Franklin, Bedford.

The fifth, counties of Beaver, Alleghany, Washington, Green, Fayette, Westmoreland, Cambria, Indiana, Armstrong, Butler.

The sixth of Mercer, Jefferson, Crawford, Erie, Warren, McKean, Clearfield, and such counties as have been, or may be formed of the above counties in each district.

ARTICLE XI.—*Provision for Amendments.*

Every proposal for altering or amending this Constitution, shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but, if objections be made, the alteration or amendment shall lay over until the next annual meeting, when, if it receive the vote of two-thirds of the voters present it shall be adopted.

BY LAWS.—*Of the Order of Business.*

§ 1. The President, or, in his absence, one of the Vice Presidents, shall call to order, or in case of the absence of all these officers, a Chairman shall be appointed pro tem. for the purpose.

§ 2. The appointment of a committee to examine the credentials of Delegates.

§ 3. The report of the above named committee.

§ 4. Calling the Roll.

§ 5. Election of Officers.

§ 6. Reading of the minutes.

§ 7. Any business which requires early consideration may, by permission, be introduced.

§ 8. Reports from the County Societies.

§ 9. The correspondence shall be read by the Corresponding Secretary.

§ 10. Written communications on Medical subjects may be read and discussed.

§ 11. Oral communications may be made and discussed.

§ 12. Resolutions introducing new business.

§ 13. The selection of a place for the next meeting of the Society.

§ 14. Unfinished and miscellaneous business.

§ 15. Adjournment.

On motion of Dr. Patterson, each member of the Convention contributed the sum of one dollar, to defray the expenses of printing the minutes to be published under the direction of the Lancaster County Medical Society.

On motion of Dr. Burden—

Resolved, That the thanks of this Convention be tendered to the Trustees of the Methodist Episcopal Church for the use of their house; and likewise to the Lancaster Co., Medical Society for their kindness and hospitality.

Dr. Kerfoot introduced the following Preamble and Resolutions, which were read:

WHEREAS, It is evident that, for want of some wholesome law to regulate and guard the practice of Medicine in the State of Pennsylvania, disqualified persons are permitted to impose themselves upon the public in undertaking what they do not understand, and pretending to what they do not possess, to the great injury of human health, and danger to human life: Therefore,

Resolved, That, as honest and scientific attainments are considered essential pre-requisites in every department of professional life, we deem them paramount in the assumption of medical character.

Resolved, That, as the guardians of the health and lives of the citizens of this Commonwealth, we respectfully call the attention of Government and the people to the serious consideration of the establishment of a State Medical Tribunal, without whose authority, or that of an incorporated College, none shall practice, under penalty.

Resolved, That a bill can be draughted, and may become a law, which will be in keeping with the age, compatible with the spirit of our Republican institutions, and meet the wants of the people.

Resolved, That a committee of five be appointed to frame a bill which shall be submitted to the next annual meeting of the Medical Society of the State of Pennsylvania, and, if approved, shall then be presented to the next Legislative body for their consideration.

These resolutions occasioned much desultory debate; and on motion of Dr. Carpenter of Pottsville, were laid on the table for the time being.

Dr. Stillé offered the following resolutions:

1st. That all unfinished business of the Convention be referred to the Medical Society of the State of Pennsylvania, about to be organized:

2d. That the members of the Convention do now resolve themselves into a body under the style and title of "The Medical Society of the State of Pennsylvania."

3d. That the Officers of this Convention continue to act as Officers of the Society until the permanent organization of the Society—passed.

The Constitution, as approved in Convention, was then adopted by the Society.

On motion of Dr. Fox—

A Committee, consisting of one from each body represented, was

appointed to nominate Officers of the Society for the ensuing year. The Committee retired to transact the business of their appointment.

On motion of Dr. Gibbons—

The Society proceeded to elect, by ballot, delegates to the American Medical Association. Drs. Gibbons and Page were appointed tellers. After counting the votes, the following named gentlemen were declared duly elected:

Drs. Jno. L. Atlee, of Lancaster; Worthington, of Chester; Jno. P. Heister of Berks: McIlvain of York; J. S. Carpenter, of of Schuylkill; Samuel Jackson, of Philadelphia.

Resolution by Dr. Grant—

Resolved, That the thanks of the Society be tendered to the President and other officers of the late State Medical Convention, for the able manner in which they have discharged their respective duties. Passed.

By Dr. Stillé—

Resolved, That the several County Medical Societies be requested to procure the registration of the names of all regular practitioners in their respective limits, and transmit a list of the same to the State Society, at the next meeting. Passed.

By. Dr. Parrish—

Resolved, That the Lancaster Co. Medical Society be instructed to transmit copies of the proceedings of the Convention and Society to the address of prominent physicians residing in those sections of the State, not here represented.

The Committee on nominations came in, and reported, through Dr. Jno. L. Atlee, as follows;

Dr. Samuel Humes, of Lancaster, *President.*

Vice Presidents—Drs. J. P. Heister, of Berks; Thomas Wood, of Lycoming; Prof. Sam'l Jackson, of Phila; and Jno. L. Atlee, of Lancaster.

Corresponding Secretary—Dr. Isaac Hays of Phila.

Recording Secretaries—Drs. H. S. Patterson, of Phila., George B. Kerfoot of Lancaster.

Treasurer—Dr. George Fox, of Philadelphia.

Censors for South East District—Drs. F. A. Muhlenberg of Lancaster, George W. Norris of Philadelphia, James S. Carpenter of Schuylkill, T. Hiram Corson of Montgomery, and Wilmer Worthington of West Chester.

Report accepted, and nominations confirmed.

Moved by Dr. Heister—

That, when the Society adjourn, it adjourn to meet at Reading on the 2d Tuesday in April, next.

Amendments, substituting other places, were offered, but lost.

Dr. Atlee moved to amend by substituting 2d Wednesday for 2d Tuesday. Carried.

The question recurring on the original motion of Dr. Heister, it

was carried—fixing Reading as the place, and 2nd Wednesday in April, next, as the time of holding the next meeting.

On motion of Dr. Kerfoot—

Resolved, That this Society approves the standard of Medical Education recommended by the American Medical Association, and urges upon County Societies its strict observance. Passed.

Dr. Marshall called up the Preamble and Resolutions introduced in Convention by Dr. Kerfoot, and, on motion of Dr. Coates, they were ordered to lie over, and recommended to the early attention of the next annual meeting of the State Society.

On motion of Dr. Atlee, the Society adjourned without day.

Puerperal Fever; in what way it may originate from Erysipelas, and how communicable. By R. U. West, Surgeon, Hogsthorpe, Lincolnshire.—The following cases, which are corroborative of the opinion that puerperal fever may originate from attendance on erysipelatous patients, and that a malady so originating is communicable from one puerperal woman to another, are also suggestive of other conclusions on this painful subject, which are, I think, of some practical importance.

On the 6th of January, 1842, I was called in to attend an elderly gentleman in this village, who had erysipelas of the face. As yet his symptoms were not at all urgent; it appeared to be quite a slight and common case. I sent some saline medicine, and a lotion. The same evening I attended a case of midwifery, two miles from my residence. The next morning, before visiting my erysipelatous patient, I attended a second case of midwifery, four miles from my residence. On my return home, I found my patient considerably worse; I applied nitrate of silver freely all over the affected part. At one or two o'clock in the morning of the next day, January 8th, I was called up to him. He was much worse; face and head frightfully swollen down to the shoulders on both sides. After visiting him again the same morning at nine o'clock, I called upon both my lying-in patients. They were doing well, and in fact recovered without a single bad symptom. In the evening I found the old gentleman in a very bad way; there was some delirium, and the head and face were still more swollen. I made a few punctures in both cheeks, and while busy with him was sent for in all haste to attend a case of midwifery,—Mrs. T. T. of L——, a distance of three miles. I believe I went without washing my hands. I was not detained more than a couple of hours, and as I was riding homewards, I was met by my groom, who had been sent to me with the announcement that an alarming change had taken place with my erysipelatous patient. I hastened on, and found him comatose, with a dusky livid appearance of the face. He died in the course of the night, a frightful spectacle.

And now commenced my troubles. In the night of the 9th of January, or rather early in the morning of the 10th, I was again summoned to Mrs. T. T. I found her in the following state:—Very

severe pain, aggravated in paroxysms, like after-pains; some abdominal tenderness; had had a shivering fit; some headache; no anxiety of countenance; pulse 120, soft and full; skin hot; diaphoresis; lochia abundant; no signs of milk, but as it was barely thirty hours after delivery, it was quite early enough for that. I ordered fomentations, and sent some doses of Dover's powder in a saline mixture. Eight hours after, pulse 100; felt much better. Sent her an opening powder,—calomel and rhubarb.

January 11. Pulse 112; more pain again, with tenderness; *complained much of pain and heat of the vulva.* Ordered eight leeches to the abdomen, and four to the vulva, and gave her a grain of calomel and three grains of Dover's powder with saline mixture every four hours.

12th. Tenderness increased; abdomen tympanitic; pulse 130, smaller, but not sharp; some anxiety; lochia still abundant; no milk; tongue white and slimy. I proposed venesection, but finding the husband inclined to be dissatisfied, I made him fetch my friend Dr. Barker, of Spilsby, with whose sanction I bled the patient. The medicines were continued.

13. Pulse below 100; pain better; abdomen very full; did not pass sufficient water.

She continued to improve till January 16th, though very nervous and timid, and on that account giving a good deal of trouble, but in the evening of that day I found it necessary to pass the catheter, which had to be repeated once or twice a day until the 26th, when the retention, after resisting various medicines, such as Tinctura Lyttæ, strychnine, mucilage with Liquor Potassæ, &c., yielded at once to the Tinctura Ferri Muriatis, in doses of fifteen drops every four hours. The pulse never got above 100 after the venesection. She continued weakly for about a month.

On the 15th of January, at one o'clock in the morning, I attended a case of midwifery in a village about six miles from my residence. The woman had "got it over" before my arrival; I had not even occasion to remove the placenta. I, however, felt her pulse, of course, besides ascertaining, by pressing the abdomen, that the uterus was safely contracted, which I never omit to do before leaving a lying-in woman.

On the 17th I called upon this patient again, after having in the morning passed the catheter for Mrs. T. T. She was getting on well, and *recovered without the occurrence of a single unpleasant symptom.*

In the evening of the 16th of January, immediately after my return home from a visit to Mrs. T. T., on which occasion, be it remembered, I had been obliged to use the catheter, I was summoned to attend Mrs. R. B., of C., about a mile from my residence. I was with her about an hour before she was delivered; it was her fourth child, and her labour was easier and quicker than common.

On the 18th, in the morning, being about thirty-six hours after her delivery, I was again summoned to this patient. She was suffering

very severely from constant pain in the abdomen, aggravated in paroxysms, (which I have generally found to be the case in *puerperal* peritonitis;) there was very considerable tenderness on pressure; pain in the forehead; pulse 130, small and sharp; respiration hurried; countenance flushed and anxious; restlessness; lochial discharge slight; bowels confined; some nausea; tongue white; skin hot; could not find that she had had any rigors. I bled her in the arm immediately, after which the pulse dropped to 100, and the pain was somewhat abated. Sent an opening powder, and some fever medicine.

When I called in the evening the aperient had not acted; the pain had returned as bad as ever, the tenderness being excessive; pulse 130, as at first. I took some more blood from the arm, and gave her an enema, which brought away some scybala. The pains were now materially relieved, though the pulse did not drop this time. Sent an opening mixture, with Magn. Sulph. and Tinct. Hyoscyami.

19th. Felt better; purged two or three times; no return of paroxysmal pains; tenderness still remaining; pulse 130. The milk had appeared in the breasts, which I looked upon as favourable.

20th. Complete retention of urine, causing pain and tenderness again. Passed the catheter, which gave great relief. In other respects better.

21st. No water passed since the catheter was used at noon the day before, catheterism therefore necessary both morning and evening; there was still *malaise*, though the symptoms were apparently less urgent; there was still pain, with abdominal tenderness; and the pulse was never below 130. I therefore this day gave calomel and opium in pills, and applied a dozen leeches to the abdomen.

The next morning, January 22d, the catheter was not needed; there was some tendency to diarrhœa, and she had a severe rigor. I found all the symptoms aggravated. Any further depletion I could not venture upon; on the contrary, I sent some aromatic confection, continuing the calomel.

I saw her twice or three times on this day. I was called up the next night, and finding the result likely to be fatal, persuaded the husband to fetch Dr. Barker. By the time he arrived, in the course of the morning of the 23d, the poor woman was beginning to be typhoid; she had been at times delirious; there was tympanitic distension of the abdomen, with other untoward symptoms. We gave carbonate of ammonia, to which was added wine the next day.

On the 25th she was quite typhoid; black tongue; subsultus tendinum distressingly frequent; hiccup, &c.; and in the evening of the same day she sank. A constipated state of the bowels in the first instance seemed to complicate the disease unfavourably. There were some scybala voided even on the 23d. The milk continued in the breast to the last; its appearance, therefore, in this disease, is not critical.

Dr. Barker and I discussed the matter most anxiously while he was with me on the 23d, and although we were both of us quite un-

conscious that the case of erysipelas had had anything to do with the puerperal affection, we felt compelled to the decision that Mrs. R. B.'s case was genuine malignant puerperal fever, and that as it had probably been communicated from Mrs. T. T., my only safe course to prevent its further spread would be to discontinue attending midwifery for a time. I therefore at once sent for a substitute. But before his arrival (I had 23 miles to send,) I was *obliged* to attend another midwifery case. Oh! how anxious I was. I changed all my clothes before going; washed my hands in several waters, with solution of chloride of lime, and although I delivered the woman, I was careful to make as few examinations as possible. This case, it will be understood, was attended on the 23d January. The woman had some slight symptoms of peritonitis on the 25th; her pulse was very frequent, and there was severe pain with some tenderness. She had some saline aperient medicine, with fomentations, and did well.

As soon as I could be released from my attendance on Mrs. T. T., —for I did not think it prudent to allow my substitute to pass the catheter for her,—I went into Leicestershire for a fortnight. I am happy to say that I have not seen a case of malignant puerperal fever since, though I have, as may be supposed, seen several cases of simple peritonitis.

I may be allowed to observe upon the above accurate detail of facts, that if it be conceded that my attendance on the case of erysipelas was the cause of this formidable malady getting into my practice, which, painful as the thought may be, I think was the case, it seems probable—

First. That as the cases attended on the 6th and 7th of January, recovered without the appearance of any unfavourable symptoms, a form of erysipelas, which may subsequently in its *malignant* and almost *putrid* stage originate puerperal fever, will not do so in its *early* stage.

Secondly. That as the disease did not come on in the same patients, notwithstanding my visiting them after attending the erysipelatous case when the symptoms *had* become formidable, the merely taking a lying-in woman by the hand will not originate the disease.

Thirdly. That as the woman attended on the 15th of January recovered without any symptoms of the malady, although I might at the time, be supposed to be tainted with both the erysipelas and the puerperal disease of Mrs. T. T., it requires something more than a mere *visit* to a parturient woman to communicate the disease from one puerperal patient to another.

Fourthly. That, bearing in mind the above suppositions, the circumstances immediately preceding and accompanying the attendance on both Mrs. T. T. and Mrs. R. B., go to prove that it requires actual contact of the accoucheur's infected hand with the mucous membrane of the vagina, both to originate and communicate the disease. (Query—would not the heat and pain of the vulva in the first case confirm or strengthen this supposition?)

Fifthly. That the slight manner in which the disease appeared in

the woman attended on the 23d, (notwithstanding I was still passing the catheter daily for Mrs. T. T., and had but just returned from a visit to Mrs. R. B., the latter being at the time almost typhoid,) would serve to prove that ablution, change of clothes, chlorides, &c., are of some little avail.

Sixthly. That erysipelas may originate a *mild* form of puerperal fever, which may in its turn communicate a *more malignant* form. (In the two cases here alluded to, the symptoms in the commencement were nearly the same, the occurrence of dysuria in them both being somewhat remarkable; the fatal difference was in their *terminations*, —typhus and death in the one, gradual recovery in the other.)

And, *lastly*, that a puerperal fever, originating from a case of erysipelas, is not *necessarily fatal.*

I offer the above remarks with considerable diffidence. The *facts* I have detailed may be relied on, and I leave the reader to found upon them what conclusions he may please.—*Prov. Med. and Surg. Jour.*

Treatment of Asiatic Cholera.—The following remarks on the subject are extracted from a paper by M. Bally, whose name is attached to the most important therapeutical researches of the French school, and whose long career has been devoted to the study of epidemic maladies; his first appearance in the medical world was marked by the observation of the yellow fever at San Domingo, where the army, sent by the republic to that island was decimated by the scourge. At a later period, M. Bally again had an opportunity of witnessing a fearful attack of this disease in Spain. M. Bally collected carefully all the cases of cholera which were admitted into his wards at the Hôtel Dieu during the epidemic of 1832, and he at present publishes the results of his meditations on the subject:—

1. The serum of the blood escapes from the digestive tube, and the brain, deprived of its habitual amount of stimulus, accomplishes its functions with great difficulty.

2. The eye is dried up from the arrest of the lachrymal secretions. The conjunctiva loses its brilliancy, and the nasal cavities are dessiccated.

3. The mechanical part of respiration continues, but the vital and chemical functions of hematosis is in a great measure interrupted; hence the absence of oxydation of the blood, the disappearance of the scarlet colour, and of the cessation of production of animal heat.

11. The functions of the liver are interrupted. The gland retains even the quantity of bile previously secreted. The disease does not, therefore, deserve the name of "cholera."

12. It is more proper to call it "lymphatic choladrea," or "hydrocholadrea,," *i. e.* discharge of serum from the intestines.

13. The permeability of the integument is abolished, and also its function of exhalation; hence contact with the skin of a patient cannot communicate the disease. . . . . .

The bladder is empty, the renal secretion having ceased. The

mouth is parched; the salivary glands do not perform their function; hence an unquenchable thirst. . . .

17. Digestion is annihilated. . . .

19. But the intestine is endowed by the disease with new properties—with new functions.

20. The intestine becomes the only active organ.

21. Its secretion consists in the fluid portion of the blood. This opinion is not that of Professor Andral, but the difference of opinion may arise from the experiments of the professor having exclusively borne upon sporadic cases. . . .

25. No efficient method of treatment has yet been adopted, and it is not the fault of medical practitioners: the cause of the inertness of treatment residing in the abolition of the absorbing powers of the intestine.

26. In countries where no treatment was employed, one half of the patients recovered; and in the countries where the patients were submitted to the most rational methods, one half died, often more, seldom less. . . .

38. A poison circulates in the blood; an antidote must be sought for. That antidote cannot penetrate into the system through the intestinal surface; it must be, therefore, introduced through the respiratory organs, with the assistance of some of those marvellous anæsthetic agents, which modern science has placed at our disposal.—*Med. Times from Journal des Connais. Méd. Ch.*

Treatment of Fistula in Ano.—The innovation which M. Huguier proposes in the performance of this operation consists in the suppression of the wooden gorget usually employed, and the substitution of a speculum ani in its stead. After the incision of the rectum the operator, guided by ocular inspection, can with facility investigate the condition of the parts. If the intestine is detached above the fistular orifice, it becomes easy to divide it with a pair of scissors; if several fistular passages exist, the speculum permits their easy detection, and their incision can be performed with far greater readiness than in the operation hitherto adopted. Indeed the advantages obtained by the use of the speculum in this surgical process are so evident that it is needless to insist upon the value of M. Huguier's discovery. The speculum should be formed of two valves, hinged to each other on one of their edges, and free on the other: a very simple mechanism permits these two valves to separate, and their interval is directed towards the diseased part of the rectum in such a manner as to expose it completely to view, and to render it tense and more easy to divide with the knife. Four cases have already been operated successfully by this method.—*London Medical Times.*

History of the Cholera observed at Constantinople during the winterof 1847-8. By M. Monneret, Professor Agrégé of the Faculty of Paris.—When I left France in November, 1847, the epi-

demic had been arrested at Trebizond, situated on the oriental shores of the Black Sea; this city had suffered cruelly. The disease had not extended beyond Kerezoun, also on the Black Sea, a little to the westward of Trebizond. On October 24th, it appeared at Constantinople without showing itself in the cities intermediate between that capital and Kerezoun.

When I arrived in Constantinople, at the beginning of December, the cholera morbus had attained a considerable degree of intensity. The soldiers were first affected, and at a later period the sailors of the Turkish fleet, which had recently entered the harbor. On the 18th forty-nine cases occurred on board one ship; the patients were removed to a temporary hospital belonging to the naval service. Up to January 5th, 248 patients were admitted into this hospital, and 73 died. Towards the same period 172 soldiers had been received into the military hospitals, and of these 83 cases proved fatal. It would be difficult to state accurately the precise proportion of the other inhabitants who were affected, but I am inclined to think that, in stating that altogether 1500 cases occurred, I am not far from the truth. My observations have been made in the military and naval hospitals; they have led me to the recognition of essential differences between the cholera of Constantinople and the Parisian epidemic of 1832. I now place these researches before the academy.

The comparison of cases observed at Constantinople points out three distinct forms of the disease. The first is constituted by cholera complicating other maladies, the second is cholerine, and the third differs little from Indian cholera. The symptoms, progress, and duration of treatment of these forms require a separate description.

1. *Cholera as a Complication.*—It would seem that in the incipient stage of the epidemic the specific influence was so weak that it was incapable of producing cholera unless assisted by some other affection, acting as a predisposing cause. It was, therefore, in patients suffering already from other disease that I first observed the development of cholera morbus. Occasionally it showed itself during the progress of some acute malady, such as pneumonia, bronchitis, pleurisy, simple or ulcerous colitis, dysentery; or during some chronic affection, phthisis, diarrhœa, or disease of the heart. In such cases the following symptoms were present:—Vomiting and diarrhœa, generally of bilious or serous matter, and, in some few cases, of the special characteristic, fleecy evacuations. Vomiting was not constant, and in some cases even constipation was observed; the tongue was pale, moist, and cold; the abdomen soft, and generally tender on pressure, particularly at the epigastrium. The face was altered; the expression of the eye vacant; the intellects dull, but present,

I carefully studied, in the patients affected with this form of cholera the three phenomena called algor, cyanosis, aud cramps. The face, hands, and feet, often the abdominal walls, were the seat of cyanosis and cold, which seldom invaded the entire body, and were usually less marked than in Asiatic cholera. I have seen them occasionally

persist, during five or six days with some modifications induced by treatment. In others the blue colour was replaced by a sort of brick-tinged red hue. The pulse, weak and seldom insensible, resumed in some degree its strength when reaction appeared; this reaction was not readily established, and followed the progress of the primary disease which cholera had complicated. I have, for instance, in several patients affected with pneumonia, seen the cyanosis rapidly arrested under the influence of antiphlogistic treatment when the pulmonary inflammation subsided. In other cases I have noticed repeated diminutions and increases of cyanosis, according to the fluctuations of the principal malady, and, finally, too prolonged cyanosis was sometimes followed by an adynamic state, which gradually augmented, and brought on a fatal termination. It was thus that most patients died; others, in small numbers, were seized with tetanic convulsions, and expired during the phenomena of contraction, which seemed occasioned by congestion of the cerebro-spinal axis. The urinary secretion was suppressed. Cramps were uncommon in that form of cholera which we now refer to. The agitation of the patients was due to the intense abdominal sufferings.

Few patients affected with this cholera outlived the double malady which they laboured under; the mortality was, therefore, very great. It is doubtless very difficult to assign to each disease its share in the fatal issue; it may, however, with some probability, be admitted that the choleriform symptoms above described were in themselves insufficient to occasion death. Patients of robust constitution, and suffering from acute disease, recovered in larger proportions than the remainder.

Second Form, of Cholerine.—This form was much more frequent than Indian Cholera, and showed itself towards the end of December amongst the sailors. In proportion as the disease extended to a greater number of individuals, its effects seemed to grow weaker, and the attacks of algid cholera became more frequent. The greater number of sailors who at a later period suffered from Asiatic cholera, or from fatal cholerine, belonged to the Turkish squadron, which re-entered the harbour of Constantinople on the 1st of December, after a three months' cruise in the Archipelago. They were subject to diarrhœa, indigestion, caused by bad food, to nostalgia, and other morbid causes, which we will notice. Under these unfavourable conditions, cholerine, having existed for one or more weeks, was replaced by an attack of slight or fatal cholera. The symptoms of this cholerine, altogether similar to those observed at Paris, require no peculiar description.

Third Form, Asiatic Cholera.—Its symptoms had, in their intensity, duration, and association, some special characters deserving of attention. The cyanosis, often intense, and similar to that observed in the most violent cholera, was almost always partial, aad limited to the feet, face, hands, and forearms; it often ceased in twenty-four or thirty hours, without the patient being therefore out of danger. The skin of the cyanosed parts was viscid and wrinkled, as if macerated with water; the nails were often blue. The apparent refrigeration of the

hands and feet afforded a contrast with the results of thermometric observation. In ten patients I examined the temperature at the axilla, and, if the thermometer was left a sufficint time, the mercury rose to 36° (96½.) and less frequently to 37° (98.) Under the influence of therapeutic agents capable of restoring heat the refrigeration speedily ceased; during several days, however, the calorification of the subject remained weak and uncertain until convalescence was properly established. I have assured myself that in many patients who lapsed into the adynamic state, although cyanosis never disappeared altogether, the skin remained hot and burning to the last.

Cramps were observed in about one-fourth of the cases: the tongue was moist and cold, but never blue. During the adynamic period it was red towards the apex, dry, viscid, and smooth; thirst was incessant, vomiting not frequent, and the rejected matter bilious, often fleecy and resembling rice-water. The abdomen often had the appearance special to Asiatic cholera; but, what, in my opinion, constitutes an important difference is, that in many subjects the belly was, on the contrary, voluminous, swollen, distended with gas, sonorous in the course of the large intestines, and tender on pressure in the epigastric and umbilical regions. These abdominal symptoms were present in so many subjects affected with violent cholera, that they might be considered as characteristic, and required a special mode of treatment.

In all cases in which I sought for the symptom, I met with intestinal "gargouillement" (enterophony.) The number of evacuations was not considerable, if compared with those of Indian cholera: in twenty-four hours the patients had seldom more than eight or ten motions. The matter was bilious or serious, sometimes fleecy and characteristic.

In bad cases the urine was almost invariably suppressed during several days; the respiration was frequent and laborious; some patients complained of considerable pain in the diaphragmatic insertions. During the period of re-action the pulse seldom exceeded 72; it rose to 108, and even 120, in the adynamic state.

After venesection the blood formed a black mass, which incarcerated the serum; the clot was soft, fragile, and presented no trace whatever of a fibrinous crust. In general, unless phlebotomy was performed during the first hours of the seizure, the blood flowed readily and even in stream from the venous orifice.

In mild cases, re-action was promptly established, and, if it was complete, convalescence soon set in; if, on the contrary, the cyanosis persisted, or diminished only in a slight degree, an adynamic condition was the result. This state, usually fatal, was marked by red patches on the face and hands, and difficulty of recovering heat; stupor or drowsiness, dulness of the eyes, convulsive closure of the lids, and dryness of the lips were also present. On the skin were observed no stains or typhoid eruption; epistaxis was not noticed; the spleen retained its natural size; and I have often at this period detected in both lungs sibilous or snoring rhonchi.

The extreme frequency of this adynamic state, which replaced the symptoms of cholera and even of simple cholerine, caused much anxiety to the physicians of the naval hospitals, who entertained fears of an early appearance of typhus in the narrow wards encumbered with a too large number of patients.

From the above description of the forms of the cholera at Constantinople, it follows that all the symptoms by which that malady is characterized were united in the greater proportion of the patients; these symptoms individually were, however, neither so intense nor so constant as in the cholera of 1832—the cyanosis, the refrigeration, and more especially, the cramps being less violent. . . .

Another important difference between the two epidemics consists in the predominance of abdominal symptoms, and the easy substitution of a generally fatal adynamic condition to cyanosis.

It would be hard to state what may have been the general mortality in Constantinople. One half of the soldiers, and rather less than one third of the sailors, affected were carried off by the disease.—*Ibid.*

Inoculation of Medicines.—Dr. Lefargue proposes for the introduction of drugs into the system, a method which had not hitherto been thought of, viz., inoculation.

1. *Narcotics.*—If a lancet, loaded at its point with a salt of morphia reduced to a paste by the addition of some water, be introduced horizontally under the epidermis, a slight swelling and trifling congestion immediately occur, accompanied by a sense of heat and some pruritus. The morphia is evidently absorbed in a very short space of time, headache, yawning; and dryness of the mouth making their appearance. This method applies particularly to neuralgia of the face and scalp, and causes neither pain nor scars. Inoculation gives instant relief from toothache (inoculation of the gum,) from the pains which follow herpes zoster, &c.

2. *Solaneæ.*—The extracts of belladonna and of hyoscyamus are too weak to be of much avail when introduced by inoculation with the lancet; but if numerous punctures be made upon any part of the integument, and a thick solution of these extracts is applied, the absorption is active and efficient.

3. *Strychnia.*—When this substance is introduced into the system by inoculation, its effects are very prompt, it relieves partial paralysis, and has been successful in rebellious chorea when inoculated along the spine.

4. *Veratrine* calms rapidly facial neuralgia and obstinate headache.

5. *Croton oil and tartar emetic* have also been employed in the same manner for the purpose of producing revulsion.—*Ibid.*

Researches on the influence of Salt added to the Food on the Developement of Cattle. By M. Boussingault.—Some time since Boussingault published the commencement of some researches upon this subject, which tended to show that the influence of common salt, as an article of diet, is much less than is generally supposed. The

experiments were made by selecting two lots of cattle and supplying them with a fixed quantity of food; in the one lot with, and in the other without an addition of salt. The cattle were weighed previously to the commencement of the experiment, and again at its conclusion, and it was found that the gain in weight of the two lots, was scarcely appreciably different in amount. The author has extended these experiments in the present paper; so that one of the lots of cattle has now been thirteen months deprived of salt, and his former results are fully confirmed. He has found that the consumption of 100 kilogrammes of hay, caused an increase of 7.19 kilogrammes of weight on those which were supplied with salt; and of 6.83 in those which got none. This difference is extremely trifling, and it is probable that it would be as great, or even greater, between different lots fed in precisely the same manner; and in an economic point of view, M. Boussingault observes, that the trifling gain in the former lot would not cover the expense of the salt with which they were supplied.

It is remarkable, however, that though the absence of salt excited no influence upon the growth of the cattle, it had a well-marked effect upon their general appearance. In those which were deprived of salt, the coat become rough, and the hair even detached itself in some places, and they were dull and inactive; while those of the other lot presented a fine smooth coat, and were perfectly lively and active, and, from their more favourable appearance, would unquestionably have brought a higher price in the market.—*London Monthly Journal from Comptes Rendus.*

On the treatment of Prolapsus Ani. By Mr. Vincent.—"Of late I have found such great advantage in employing the sulphate of iron in prolapsed bowel, that the operation may very often be dispensed with, and the patient quite cured merely with the use of this remedy. Very lately I had in the hospital two cases of the worst sort,—the one of twenty years' standing, with a great protrusion and abundance of bleeding piles, who in about three weeks left without any protrusion or bleeding; declaring himself to be in a state of comfort that he had not known for so long a time. The other came from one of the institutions that offer great pretensions in the treatment of this class of cases. He was very bad, having both internal and external piles, and the bowel descending largely and most readily; he was completely relieved in about a month. Other cases of a slighter kind have been set to rights in not much more than a week. The patient should be kept in bed of course, so that there should be every facility for the repose of the bowel; and after it is cleansed out, a small quantity of the injection should be daily thrown up, and retained. If the stomach can take balsams, they seem well adapted for this disease."—*Ibid, from Observations on some parts of Surgical Practice.*

Animal Temperature.—M. C. Dr. Demarquay, Demonstrator to the Faculty of Medecine of Paris, has made a series of researches

and experiments on animal temperature which seems to lead to the following conclusions. When an animal suffers from severe pain its temperature is augmented; hæmorrhage, which is speedily fatal, but little modifies this function. He tied the aorta and inferior cava, the arteries and veins of the extremities, and the carotids, at different times, and the result of his experiments was that the ligature of veins lowered the temperature less than that of the arteries; that while a ligature on the abdominal aorta lowered the temperature of the body 8 or 10 degrees in a few hours, a ligature on the femoral artery only reduced the heat of the limb one or two degrees. M. Demarquay found that inflamed wounds increased the local and general temperature, but the former, when the inflamed part is at a distance from the centre of the circulation, never equals the general or natural temperature as taken by a thermometer in the rectum. He found that tying the vessels going to an inflamed part did not check the increase of heat in that part. A number of animals were sacrificed in experiments to determine the effects of internal strangulations in modifying the temperature of the body, and it was found that their occurrence quickly reduced the general temperature, and that this reduction was greater when a portion of intestine was tied, so as that its whole circumference was not included in the ligature, than when the thread was tied circularly on it, and also that the reduction of temperature was great in proportion as the strangulated bowel was near the stomach. M. Demarquay and M. Duméril, jr., likewise made experiments together on the effects of certain poisons on temperature, and found that some quickly raised it, as digitalis, belladonna, croton oil and strychnine; others, on the contrary, reduced it, as cyanide of potassium, corrosive sublimate, arsenious acid, tartar emetic, muriate of morphia, and ammonia, &c., and that etherization carried to a great extent, sensibly lowers the animal temperature, and that this reduction of heat commences immediately that insensibility occurs, and continues to increase to the animal's death.—*Dublin Medical Press.*

Case of a Woman who, by the means of Galvano-Puncture, recovered her speech after having lost it for twenty-three years. By M. Camino.—In 1813, a married woman, Rosa Ponti, then aged 47, was affected with a loss of sensation and movement, in consequence of a great fright. Recovering by little and little, she regained the use of her legs, but did not recover that of her arms and head, which remained paralysed from that time. From that moment she could not articulate a single word; she stammered sometimes, but without being able to pronounce even a monosyllable. The tongue, which remained immoveable between the teeth, appeared also to be atrophied.

On the 21st of May, 1836, a metallic needle was introduced into the neck, directing its point towards the occipital branch of the first cervical nerve; then it was brought into connexion with the zinc pole of a voltaic pile; and holding the tongue, elevated and stretched out on a sheet of the same metal, the circle was closed by presenting

to that organ the knob of a brass director. The patient showed, by quickly drawing herself away, that she had felt the shock. The experiment was repeated, and the effect was more marked than before. She gained immediately the power of lifting her tongue. At the end of three other shocks the patient exclaimed—"Oh, Dieu!" and could answer some questions in an intelligent manner, although with some difficulty. She also became able to move her tongue from side to side.

The next day, after some shocks given in the same manner, M. Camino commenced to vary the points of contact, and to give the electricity different directions. The patient showed more and more sensibility, and the faculty of articulation followed the gradual return of the movement of the tongue.

Two days of repose employed in exercising the organ sensibly rendered the faculty of pronouncing and articulating sounds easier and more accurate. In a short time she was able to speak as before, and acquitted herself so well, and with so much ardour, that she seemed, says the author, to wish to make up as quickly as possible for the time lost in inaction and silence.

Every three or four days she came back to receive four or five shocks with the pile, not being able, as she says, to bear more.

On the 10th of June, she complained, without obvious cause, of pain in the head and a general feeling of weight, an ailment which was dissipated by a bleeding.

After some more sittings, not only was her speech recovered, but also the activity of the other paralysed parts, which became quite fit to exercise their functions.—*Gaz. Med. de Paris.*

On the alteration of the Properties of Sulphate of Quinine by its mixture with Coffee. By M. C. F.—It has been before advanced, that sulphate of quinine, mixed with an aqueous infusion of coffee, undergoes a certain decomposition; one part of the salt forming with the tannin of the coffee an insoluble combination; another part remaining mingled in the liquid, united to a fatty oil and vegetable extractive; the third being dissolved by the free acids formed in the liquid. M. C. F. has positively proved by clinical experiments, that these different reactions in reality diminish the ordinary curative powers of the medicine. Thus, he treated a regular tertian fever, for which he ordered twenty-eight grains of sulphate of quinine in an infusion of coffee; the effects of the remedy did not tally with what is generally observed, in consequence of a like dose in similar circumstances, for the febrile paroxysm was reproduced with the same regularity. A second dose of the salt was then administered, but dissolved by sulphuric acid; the fever was immediately cut short.

In another case, he made twenty grains of sulphate of quinine be taken in a cup of coffee by a patient affected with intermittent suborbital neuralgia, but the painful paroxysm returned the same as if no anti-periodic had been given. The second observation will, without doubt, be remarked as proving less than the first, the counter-proof

which made all the force of the first having failed in this; how often, in fact, have we not seen quinine fail even in those where the intermittent character was more regular, and with the best mode of administering the remedy.—*Ibid.*

Chloroform in Chorea.—In the Medical Gazette of February 4th, it is stated that Mr. Sibson of Nottingham, has been using the chloroform in chorea, and that "the movements during the anæsthetic state" were suspended. Without in any way anticipating what may be Mr. Sibson's opinion as to the real value of this agent in chorea, I beg leave to state that I have myself used it in this protean disease, as far back as December 18th, and with a result which has not encouraged me to try it again, I exhibited it three times, and certainly it effectually checked the violent convulsive motions, when the patient continued in her quasi trance, on recovering from which, however, the grotesque movements peculiar to chorea were as bad as ever. The child expressed herself as pleased, and refreshed with the short sleep she experienced under the influence of the remedy, and did not in any way suffer from it.

The Cupping-glass in Retention of Urine.—M. Vandenbroeck, principal physician at Mons, informs the Society of Medecine at Anvers, that for more than twenty years he has replaced the use of the catheter in both sexes by the application of large cupping glasses to the superior and internal part of the thigh. In nine cases out of every twelve, the emission of urine, says he, was made at the end of some seconds. He does not assert that this has any effect in mechanical retention of urine.—*Nouvelliste Medical Belge.*

Subsidence of the Cholera in Europe and Asia.—Intelligence has been received from St. Petersburgh up to the date of the 29th January (17th, O. S.) The following remarks on the subject of the cholera have been published by Doctor Thielmann in the Russian Medical Gazette.

During the month of December the severe cold so completely arrested the progress of Asiatic cholera, that there was reason to believe it would disappear entirely. It has altogether ceased in the provinces around the Caspian; and with the exception of Moscow, Mohilew, and Witepsk, it is no longer met with in any of the great cities or towns of the empire. Even in these, and in smaller places, the disease has assumed so mild a character, that it appears to be on the point of extinction.

Letters from Constantinople of the 1st of January announce the gradual disappearance of cholera in that city. The epidemic was then chiefly confined to the Arsenal; and out of 210 attacked, only 58 died. Accounts from Bagdad of the 7th of December state that the cholera had almost entirely disappeared from Kerkoula and Suleymania. Letters from Mossol, dated the 12th of December, mention

that the cholera had ceased in that city, after having killed 300 persons; and intelligence from Aleppo of the 18th, states that it has appeared at Beregik, on the banks of the Euphrates, and was causing from ten to fifteenth deaths daily.

On the whole this intelligence is highly favourable.

Dublin Medical Press.

Insanity not a result of the separate system of imprisonment.—From a report on the Pentonville Prison, it appears that in the first year (1843) of 332 convicts, the daily average in the prison, three became affected with insanity. In 1844, when the daily average was 456, no case occurred. There was one in each of the two following years, —when the daily averages were respectively 445 and 423. In 1843, the cases were in proportion of 9.03 per 1000. During the whole period (four years and a quarter) since the prison was opened, the proportion of cases to the daily average of prisoners has been that of 2.29 per 1000 annually. From the end of 1843 to the present time, the annual proportion has been no more than 1.48 per 1000. If we compare the amount of mental disease in the army, where it can be accurately ascertained, we find that per 1000 it is nearly 1. among the Dragoon-guards in the home service, 1.43 in the Ionian islands, 1.33 in Canada, and 1.41 in Gibraltar. The statement, therefore, that the separate system tends to produce insanity has no foundation in fact. *London Med. Gaz.*

On the mortality from phthisis in Prisons.—Among the prisoners in the Pentonville Prison, phthisis has been considerably reduced by attention to those suspicious circumstances which were likely to excite the disease. From the opening of the prison to the termination of 1844, the annual mortality per 1000 from phthisis had amounted to 11.47. The physician, Dr. G. O. Rees, suspected that the *dusty trades* carried on in the cells, might have added to the chances of death by this disease. In 1845, measures were taken to guard against the supposed causes: in 1846 only four cases per 1000 of consumption occurred, and in 1847, up to the 20th of October, there was not a single death from the disease.

The annual mortality of the Pentonville prisoners is 15.7 per 1000, —that of the Foot-guards 21.6: and it is remarkable that the mortality from consumption alone in the Guards is nearly as high (14.1 per 1000) as the total mortality of Pentonville prisoners,—men who are about the same age, on an average, as the soldiers.—*Ibid.*

Chloroform a test of Simulated Disease.—When ether occupied the same prominent position among medical topics as now does chloroform, we directed our readers' attention to the applicability of the former to the detection of simulated disease of various kinds, as illustrated by cases occurring to the army medical officers of France and England. As might, *a priori*, be anticipated, chloroform may be used with a like intent. Several instances of its use in this way are

on record in the foreign journals; but we will at present confine ourselves to the conclusions at which M. Fix, a surgeon in the French army has arrived, with respect to its employment in the discrimination of real and simulated epilepsy. He says that—

1. In a true epileptic, a fit may at any time be brought on by means of chloroform.

2. In simulated epilepsy this agent produces only its usual anæsthetic and relaxing effects.

3. That ether or chloroform inhalations administered during the fit singularly augment its duration and intensity.

4. That the medico-legal application of chloroform to epilepsy may replace the long and difficult plans generally adopted.

From a series of experiments made at the Bicêtre, it has been demonstrated that by ether inhalations a fit of epilepsy may be induced at will in those liable to them, and that chloroform brings it on still more rapidly.—*Lancet.*

Quinine in Acute Rheumatism.—Most of our readers are probably aware that among other remedies for rheumatic fever, sulphate of quinine has been recommended; a mode of treatment contrasting strongly with that by profuse bleeding, or that by mercury, and yet one, it would appear, very successful. The quinine plan of treatment is followed by M. Trosseau, of the Hôpital Necker. The following is from a clinical lecture:—In a case recently in that hospital,—one of rheumatic fever, with effusion into the knee-joint, but without any cardiac affection,—sulphate of quinine was administered, unpreceded by any other treatment. In four days a marked amelioration took place; from fifteen to thirty grains of the medicine being taken per day. In a few days more the patient was able to walk; all effusion and fever had disappeared. Here, then, was a rapid cure of rheumatic fever: however, that disease mostly lasts for two or three weeks. When it proceeds in its usual manner it may be combated in the same way as intermittent fever. If the quinine be suspended as soon as an evident benefit is produced, there is a danger of relapse, just as when that medicine has arrested an ague fit. The quinine must therefore be given every two, three, or four days, and continued after the pains have ceased. We must enter into the belief that rheumatism is not a local affection, and that an individual is not cured when the pains are stopped. Whilst the patient sweats, whilst his appetite does not return, and there is something wrong in his pulse, the rheumatic diathesis must be treated. When we employ bloodletting, we do not treat the rheumatism; we are only occupied with the diathesis by virtue of which the solids and liquids take on the rheumatic affection. When we make use of quina, we act upon the entire economy, on that particular condition of it known as the diathesis, whence come the pains and other phenomena presented by the joints. The diathesis may persist for two or three years after all manifestation of the disease has ceased, and we are obliged to act against this diathesis as we do in the case of the syphilitic or scrofulous. Such a per-

sistence, or latency, is also seen in the marsh miasm, where a person having once been in an infected locality, may, at an interval of years, get an attack of ague, although in a district quite free from the visitations of that malady. Thus we see that a patient may be cured of all the outward symptoms of a disease, and yet the germs of that disease lurk, as it were, within him, ready to be developed, and to manifest themselves, whenever, from a concurrence of circumstances, they are kindled to a new life. So also, as in ague, the germs of a disease may be imbibed into the system, and lie hidden for a long period; but yet retain their power of being developed into evident disease. Such is also seen in the eruptive fevers, and we may suppose the same thing possible in other diseases.—*Ibid.*

MEDICAL SOCIETY OF LONDON, FEB. 14, 1848.

Mr. W. F. Barlow read a part of a paper—

On some of the Relations of Volition to the Physiology and Pathology of the Spinal Cord.

He enforced the necessity, not only of studying the divisions of the nervous system, but of contemplating it as a whole when all its functions blended with and modified each other, and drew a contrast between the merely dynamic life of the headless, as compared with the existence of the perfect being. The power of the will in preventing certain reflex movements, its nice and varied adaptation to the opposite characters of the movements it modified, its influence over centric as well as eccentric motions, over those springing from emotions as well as over those having a purely physical source, its degree of energy, as affected by age, sex, temperature, &c., were severally touched upon. Respiration, as a mixed function, was considered; no function was at once so obviously independent of, and yet so strictly obedient to, the will. Its nature as a merely vital function, and that more complex and perfect state of it, in which it was made subservient to the highest intellectual purposes, as common speech and oratory daily exemplified, were respectively dwelt upon. The different effects of various stimuli in exciting reflex respiratory movements, according as the will interfered or not; the marked effect of temperature in producing them, as well as the relation of the power of temperature to the extent of the surface impressed, (a matter to be regarded in the treatment of disease,) were pointed out. Volition, as an auxiliary in diseases of the respiratory organs, and the dangers of its withdrawal in peculiar states of them; its state in very early life in respect of the convulsions which are then proverbially common; various instances in which feebleness of the will and liability to spasm exist together; the connection between the will and the motor force of the "true" spinal marrow, which supplies the material through which it is manifested; the power of the will compared with that of the involuntary actions wherewith it occasionally contended; the resistance successfully opposed by it in certain cases, to the action of galvanism and strychnine; the various states of volition in paralysis, and the consequent varieties presented by the disease, were amongst the

chief matters presented by the author. The writings of Dr. Marshall Hall, Sir Charles Bell, Legallois, Flourens, Professor Muller, Mr. Lawrence, Dr. William Budd, and the Physiological notes of Dr. Baly, were severally referred to; and some interesting remarks of John Hunter, on the relation of volition to spasmodic affections, were read to the Society.

FEBRUARY 21, 1848.

Mr. Barlow concluded his paper, and drew attention to some phenomena of paralysis, certain of the worst forms of idiocy, and some of the symptoms of hydrophobia, in further illustration of the subject.

Mr. Bishop in reference to the influence of volition over the vocal organs, remarked, that cutting the tonsils, uvula, and other operations on the throat, in these cases only did temporary good in those instances in which the patient had previously a certain degree of power over the emotions. No operation was of service in case of confirmed stammer.

Mr. Clarke had seen no case in which operation, on the throat, for stammering, had been of any permanent benefit.

Mr. Pilcher said, that the effect of operation in these cases was similar to that of any other excitement; there might be a temporary relief but no permanent effect.

Mr. Bishop thought, with reference to the removal of the uvula, that this organ had some influence on the articulation of gutturals, and its removal would so far interfere with the voice in singing.

Dr. Willshire inquired whether any of the members had noticed, in those cases in which the uvula had been removed, that there had been disease of the follicles at the base of the tongue? To moisten the base of the tongue, and its adjacent parts, seemed to be the function of the uvula. He related a case in which intense agony, lasting for some days, followed the excision of the uvula.

Mr. Pilcher thought there was no great harm in snipping off a portion of the tonsils. We were unacquainted with the function of the uvula. He related a case in which, after a removal of this body, a lady lost a beautiful high note of the voice, which never returned.

Mr. Hancock did not call proceedings such as those referred to, surgical operations; they were not worthy of that name. The tonsils might sometimes require excision, for the relief of obstruction in the throat. He recollected a case in which alarming hæmorrhage followed the excision of a superficial portion of the tonsil. There was no hæmorrhagic tendency in the patient, who was a boy.

Mr. Bishop remarked that the case detailed by Mr. Pilcher illustrated the value of every organ of the vocal apparatus. He had never seen hæmorrhage result from the removal of the tonsils.

Some conversation followed, chiefly in condemnation of the cruelty and uselessness of mutilating the throat in cases of stammering.

Dr. Willshire exhibited specimens of spleen, mesenteric glands, lungs and bronchial glands, all in a state of extreme tuberculization, and the rectum and a portion of the colon presenting the characters of certain forms of entero-colitis met with in infantile life—viz., hy-

pertrophy and ulceration of the mucuous follicles, with inflammation of the edges of the longitudinal plicæ of the intestinal lining membrane. These morbid specimens were taken from the body of a child, aged one year and eleven months, who had died of scrofulous meningitis. On examination of the brain, the vessels of the meninges were found greatly congested; some albuminous deposite along the course of the larger ones, over the hemispheres, with here and there a little semi-concrete yellow exudation. About five ounces of fluid were observed in the ventricles, and the central portions of the brain were much softened. At the base of the brain there was much semi-concrete yellow exudation and hyaline matter deposited. Dr. Willshire observed that this was a remarkable exception to what we usually see in cases of the so-called acute hydrocephalus, inasmuch as we almost constantly observe the yellow and grey effusions assume a granular or spheroidal, or, in other words tubercular, development. It is true that here and there a few granules were seen, but the granular development did not characterize the case. Although they were wanting, Dr. Willshire still could not help regarding the case as one of scrofulous inflammation, and the yellow concrete matter as of scrofulous origin. Dr. Willshire alluded to the views held on the Continent, in opposition to those very prevalent amongst ourselves, relative to acute hydrocephalus.—*London Lancet.*

On the Theory of Spasmo-Paralysis in Infants and Adults.—By Marshall Hall, M. D., F. R. S., &c., London.—Paralysis may depend on the exclusion of the influence either of the cerebrum; or of the spinal marrow,—that is, of both cerebrum and spinal marrow. Spasm can only arise from irritation of some part of the *spinal* system; but this irritation may affect the incident excitor nerves, the spinal centre, or the muscular nerves. Spasmo paralysis is a term which I have adopted to express the varied combinations of spasm and paralysis which occur so frequently in practice.

How shall we find our way through this labyrinth?

It may, indeed, be said that the diseases of the nervous system constitute one-third part of medicine, and that their accurate diagnosis was impossible previous to the distinction of the three divisions of that system from each other. Now this distinction depended, in its turn, on the detection and separation of one of these—the reflex spinal system—from the other two,—viz., the cerebral and ganglionic; and this again, in *its* turn, affords the diagnostic of the diseases of the entire nervous system.

Such is the important practical object to which I wish to devote myself, while I leave the mean and ignoble caviller at the threshold of this true temple of medical science.

Infants are often born with distortion of the foot or feet, and during growth a paralytic weakness and atrophy are conjoined with the spasmodic action of the deforming muscle. A similar effect is sometimes seen to take place during infancy. I have once seen a case in an adult in which the tendo Achillis became so drawn that the patient could no longer put the

heel to the ground. In some cases of hemiplegia, spasmodic contraction of the hand and arm accompanies the paralytic attack. In other cases, a spasmodic contraction of the hand gradually takes place more remotely after the attack. I have seen various cases of paralysis, or spasm, distinctly, and of the two either variously combined or following each other. Now what is the just rationale—what the theory of these spasmo-paralytic cases?

These questions could not be answered before the appearance of the remarkable work of M. Flourens, or before the detection of the reflex spinal system. The due limitation of the excitor and *in*-excitor portions of the nervous system, which we owe to M. Flourens, and the just appreciation of the incident and reflex forms of action, of their excito-motor powers, which has flowed from my own investigation, are the essential preliminaries to an investigation of the theory of spasm, of paralysis, and of spasmo-paralysis. To this very day I observe these things confounded together, and that even by teachers of our pupils and critics of our literature.

Intra-uterine Spasmo-paralysis.—How interesting and how valuable would be a series of accurate cases and *post-mortem* examinations of the various congenital spasmodic and spasmo-paralytic affections! of cheirismus, and especially of prodismus, in the varied forms, or rather deformities, of club-foot.

Is the cause of this calamity always of centric origin? or is it sometimes the reflex action of external cold, injury, &c.?

The class of intra-uterine diseases still requires renewed investigations, and no part of it more than affections of the nervous system.

Effusion over the hemispheres, and at the base of the encephalon, and along the spinal canal, is too frequently the cause of irritation—pressure or counter-pressure—on the spinal system, that division of the nervous system endowed with the excito-motor power. This irritation is the source of various congenital convulsive or spasmodic affections; it may be the cause of strabismus, laryngismus, &c., of the various distortions of the hands, and especially of the feet. In the case of two brothers, similarly affected, the tendo Achillis was permanently contracted with spasmo-paralysis of both legs; on the death of one, aged twelve, effusion on the cerebral hemispheres at the base of the brain, and along the spinal canal, was found in considerable quantity; the arachnoid was thickened, and, over the lateral portion of one hemisphere, converted into a thin layer of bone.

Of Spasmo-paralysis in Infants and Children.—Spasmo-paralysis in infants and children is of centric and of ex-centric origin—the prognosis of the former being, of course, far more formidable than that of the latter.

Teething, and gastric and intestinal irritation, and I *suspect*, exposure, of the naked surface to the cold, are the causes of the reflex or ex-centric forms of this malady. From such causes I have seen hemiplegia of the arm, or of the leg, or of both; and the proof that the affection *was* of reflex origin was a very happy one—viz., speedy recovery.

The event, however, is not always so fortunate.

Sometimes both legs are affected, and this affection is sometimes more observed in one leg than in the other; sometimes the spasm, sometimes the paralysis, predominates; and sometimes one leg is affected with paralysis, whilst the other is affected with spasmo-paralysis.

Spasmo-paralysis in the Adult.—But of all the cases which have come under my observation, none has been more replete with interest and anxiety than spasmo-paralysis occurring in the adult period of human life.

It is well known that the epileptic convulsion sometimes leaves one arm, one leg, or one side, paralytic or hemiplegic, in a greater or less degree. If the seizures were not to be repeated, I imagine this paralysis would frequently subside, being the effect of shock, and of the common cause or causes of the convulsion and of the hemiplegia, which is therefore not permanent. But if the shock be repeated, the paralysis may be permanent, although the convulsion subsides.

In one most interesting case, a lady, aged thirty-five, was seized with violent convulsion of the left side of the face, and of the left arm, the leg being unaffected; when the convulsion ceased, the face and arm were left extremely paralytic. A degree of amendment took place; but the convulsions returned, occupying the same seats as before, and, on ceasing, again left the face, arm, and hand, absolutely paralytic.

This lady had once had phlegmasia dolens after parturition, and this leg again became swollen. But the cause of the attack of convulsions seemed to be discovered in the condition of the intestines; for these convulsions were relieved by purgative medicines, but were excited if those medicines acted too violently.

From the paralysis left by this serious attack or repetition of attacks, the patient recovered completely,—an additional proof that the affection had like many cases of epileptic seizure, arisen from some cause ex-centric to the encephalon or spinal marrow. And how invaluable is this fact, in reference both to our prognosis and treatment!

Indeed, I may here observe, that spasmo-paralysis is in every respect a disease of less hopeless character than pure paralysis, inasmuch as the irritation of the organ is a less severe affection than its destruction. The diagnosis or detection of the cause is the first great object of the physician, and especially the determination of the question—Whether that cause be seated centrically or ex-centrically.

In one case, which occurred in a member of our own profession, after repeated threatenings supposed to be apoplectic, severe spasmo-paralysis supervened, and remained permanent. Bleeding had been resorted to constantly as *the* preventive. It ought, I believe, to have been decided, but not too severe, antacid aperients, with a strict attention to the diet, which should not have been of a mere vegetable, but of a light and digestible character.

There was, I believe, more of the epileptic than of the apoplectic in those threatenings. Is there any physical lesion? Is the case, or was the case, one admitting of recovery? How deeply interesting are all these questions?

It is plain that the new topic—new because now viewed distinctly—of spasmo-paralysis, will assume an important position amongst the objects of the physician's studies.

I have two patients under my care, at this time, with prodismus, occurring at the ages, in one, of twenty-five, in the other, of forty-five. Both are females. In the first, the right foot is drawn upwards and inwards, and so severely as to induce great tenderness and swelling of the outer ankle. Various symptoms of nervous origin are conjoined with this deformity of the foot. In the other, the tendo Achillis in each leg is tense, and the toe only, and not the foot, much less the heel, can be put to the ground. In this case almost every article of food or medicine is rejected by vomiting.

I do not believe that either of these cases is hysteria. There is no other symptom of hysteric character, and the temperament in both patients is staid and sedate.

Conclusion.—From the recent progress of the physiology of the nervous system, we are now enabled to conclude—

1. That *paralysis*, pure paralysis, may be an affection either of the cerebrum, the spinal marrow, or the nerves; but

2. That *spasm must* be an affection of some part of the true spinal system; and

3. That spasmo-paralysis must at least involve in it an affection of the true spinal system, either primarily or secondarily.

There is only one exception to this last rule: it is the case of severe hemiplegia, in which, from the mere facts of the severing of the influence of volition, and the normal or physiological action of the spinal marrow—the source at once of the irritability of muscular fibre and of tone—the affected hand frequently becomes spasmodically flexed.

Here I conclude this brief paper. I think I have clearly shown in it, once more, how important, how essential, physiology is to the physician, and pointed out a distinction to be carefully drawn between paralysis and spasm, and spasmo-paralysis, as at once a guide to our prognosis and our treatment.—*London Lancet.*

Datura Stramonium an Emmenagogue. By B. F. Jones, M. D., of St. Louis county, Missouri.—Distinguished practitioners of medicine doubt whether there be any medicine known, capable of so influencing the uterus, as to compel it, even when healthly in other respects, to secrete the catamenia. Hippocrates made no pretensions to a knowledge of any such medicine, nor did Sydenham; and Boerhaave's catalogue of emmenagogues comprehends only such medicines as are conspicuous for determining to the pelvic viscera—stating that "we have no uterine remedies but sudorific determined to the uterus." Mr. Eberle tells us, "It is very doubtful whether any of the articles which have hitherto been employed for this purpose possess any direct influence over the uterine secretions;" and such, I presume, is the experience of physicians generally.

In reasoning upon this subject, it occurred to me, that inasmuch as

there was a medicine (*the secale cornutum*) capable of exerting a specific impression upon the uterus, and forcing it to the energetic performance of *one* function—the expulsion of the ovum—there was nothing unphilosophical in the hope that a remedy might exist capable of urging upon it the elaboration of *another*—the secretion of the catamenia.

If nature, in the exuberance of her munificence, had vouchsafed to us a medicine endowed with capability to abridge the parturient effort, it was scarcely expecting too much from her beneficence to hope that among her rich *arcana* was another capacitated to place the uterus in a condition for the exercise of its function of reproduction. In the absence of one, the other would not unfrequently be useless—and to that extent mar that beautiful harmony, and adaptation of means to ends, of which nature is so observant in all her operations.

Persuaded of the philosophy of this view, as far back as 1839, when I practiced my profession in the city of Chihuahua, in Mexico, I was led to experiment with a great number of powerful plants, of recognized capability strongly to impress the organism, with the hope of discovering among them a special relevancy of action for the uterus, during the suspension of its periodical function. The datura stramonium, from the energy it displays in affecting the nervous system, without exciting the circulation, together with its simultaneous relaxing effect upon the bowels, with the increase of urinary and dermoid secretion, presented strong claims to my attention in this experimental inquiry.

The result of my investigation is the belief that stramonium does possess the power of imposing upon the uterus a renovated secretory effort, to the same extent that mercury does upon the liver, or the salivary glands, *ceteris paribus*, and is therefore eminently entitled to the cognomen of an emmenagogue; a distinction that cannot of right be conferred upon any other known article in the materia medica. So that properly there belongs to each of the important classes of abortives and emmenagogues, but one article—secale cornutum, and datura stramonium.

I will endeavour to illustrate the above views by the notes of a single case, which, though the most prominent, is by no means isolated upon my case-book.

Mrs. K., æt. 31, in the spring of 1837, had a violent attack of congestive fever, for which she was salivated. I was called to see her October 1st, 1841, four years after the attack of fever, for the first time, to prescribe for a suppressed menstruation, which she informed me, had existed for four years. She had been in the hands of numerous physicians, who had rung the changes on all the emmenagogues, remedies local and constitutional, known to the books, or the tradition of the "mothers." Her general health was miserable, and a thousand and one nervous phenomena, inseparably associated with a protracted suspension of uterine secretion, made existence a burden. I gave her four of the following pills:

℞. Prot. chlo. hydg.
P. rhei opt. ää. gr. xxiv.
Gm. gamboge, gr. viij.
Acacia mucilaginis, q. s. ut fiant pil. ponder. gr. v.

After the operation of the pills, I put her on the tinct. semen. stramonii, prepared by the following recipe:

℞. Semen stramonii uncias iv.
Alcoholis diluti octantem unum.
Degere per dies decem, et per chartam cola.

I directed her to take twenty drops, three times a day, for the first day, adding a drop to the dose each day, and to continue it, either until it produces dizziness, vertigo, *or the catamenia.* In ten days after I first saw her, I was summoned to her again, and learned that the day previous she had commenced evacuating blood from the bowels, in small quantities and at irregular intervals. I gave it as my opinion that this was a vicarious evacuation, and the harbinger of a regular catamenia *per vias naturales;* and directed her to suspend the medicine for two weeks, and then resume it again in the same dose last taken, (xxx. qtt., *ter die,*) to be increased as before directed, and to report to me in two weeks thereafter. At the expiration of the two weeks from the resumption of the medicine, she reported a regular and plentiful catamenia. From this time she was perfectly regular, until she became pregnant, and in due course of time was delivered of a healthy child. She entirely regained her health, and has subsequently borne two other children.—*Western Jour.*